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ABSTRACT

These Illinois skill standards for dental hygienists are intended to serve as a guide to workforce preparation program providers as they define content for their programs and to employers as they establish the skills and standards necessary for job acquisition. They could also serve as a mechanism for communication among education, business, industry, and labor. An introduction provides a sample format and occupational earnings and employment information. Each skill standard contains these components: performance area; coding that identifies the state, fiscal year in which the standard was endorsed, subcouncil abbreviation, cluster abbreviation, and standard number; conditions of performance; work to be performed; performance criteria; performance elements; and performance assessment criteria, including product and process. The 109 skill standards are categorized into these 17 areas: infection control (12 standards); patient/client preparation (8); oral cancer screening (2); impression procedures (2); periodontal assessment and examination (11); observation of teeth (5); indices and scoring methods (18); communication (5); application of caries preventive agents (5); instrument maintenance (8); instrumentation and dental and dental hygiene treatment (8); pain control (4); intrinsic and extrinsic stain removal (5); amalgam restoration finishing and polishing (2); intraoral appliance/restoration procedures (4); dental imaging (8); and dental hygiene process and professional standards (2). (YLB)

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ILLINOIS OCCUPATIONAL SKILL STANDARDS

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DENTAL HYGIENIST

Endorsed for Illinois
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ILLINOIS OCCUPATIONAL SKILL STANDARDS
DENTAL HYGIENIST

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A MESSAGE FROM THE ILLINOIS OCCUPATIONAL SKILL STANDARDS AND CREDENTIALING COUNCIL

Preparing youth and adults to enter the workforce and to be able to contribute to society throughout their lives is critical to the economy of Illinois. Public and private interest in establishing national and state systems of industry-driven skill standards and credentials is growing in the United States, especially for occupations that require less than a four-year college degree. This interest stems from the understanding that the United States will increasingly compete internationally and the need to increase the skills and productivity of the front-line workforce. The major purpose of skill standards is to promote education and training investment and ensure that this education and training enables students and workers to meet industry standards that are benchmarked to our major international competitors.

The Illinois Occupational Skill Standards and Credentialing Council (IOSSCC) has been working with industry subcouncils, the Illinois State Board of Education and other partnering agencies to adopt, adapt and/or develop skill standards for high-demand occupations. Skill standards products are being developed for a myriad of industries, occupational clusters and occupations. This document represents the collaborative effort of the Health & Social Services Subcouncil, and the Dental Hygienist Standards Development Committee.

These skill standards will serve as a guide to workforce preparation program providers in defining content for their programs and to employers to establish the skills and standards necessary for job acquisition. These standards will also serve as a mechanism for communication among education, business, industry and labor.

We encourage you to review these standards and share your comments. This effort has involved a great many people from business, industry and labor. Comments regarding their usefulness in curriculum and assessment design, as well as your needs for in-service and technical assistance in their implementation are critical to our efforts to move forward and improve the documents.

Questions concerning this document may be directed to:

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We look forward to your comments.

Sincerely,

The Members of the IOSSCC

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THE ILLINOIS PERSPECTIVE

The Occupational Skill Standards Act (PA 87-1210) established the nine-member Illinois Occupational Skill Standards and Credentialing Council (IOSSCC). Members of the Council represent business, industry and labor and are appointed by the Governor or State Superintendent of Education. The IOSSCC, working with the Illinois State Board of Education, Illinois Community College Board, Illinois Board of Higher Education, Illinois Department of Employment Security and Illinois Department of Commerce and Community Affairs, has created a common vision for workforce development in Illinois.

VISION

It is the vision of the IOSSCC to add value to Illinois' education and workforce development system by developing and supporting the implementation of a statewide system of industry defined and recognized skill standards and credentials for all major skilled occupations that provide strong employment and earnings opportunities.

The IOSSCC endorses occupational skill standards and credentialing systems for occupations that

- require basic workplace skills and technical training,
- provide a large number of jobs with either moderate or high earnings, and
- provide career advancement opportunities to related occupations with moderate or high earnings.

Subcouncils and Standards Development Committees

Under the direction of the IOSSCC, and in cooperation with industry organizations and associations, industry subcouncils have been formed to review, approve and promote occupational skill standards and credentialing systems. The industry subcouncils are: Agriculture and Natural Resources; Applied Science and Engineering;* Business and Administrative Information Services; Communications; Construction;* Education and Training Services;* Energy and Utilities;* Financial Services; Health and Social Services; Hospitality; Legal and Protective Services;* Manufacturing; Marketing and Retail Trade; and Transportation, Distribution and Logistics. (*Indicates subcouncils identified for future development.)

Standards development committees are composed of business, labor and education representatives who are experts in the related occupational cluster. They work with the product developer to

- develop or validate occupational skill standards,
- identify related academic skills,
- develop or review assessment or credentialing approaches, and
- recommend endorsement of the standards and credentialing system to the industry subcouncil.

Expected Benefits

The intent of skill standards and credentialing systems is to promote investment in education and training and ensure that students and workers are trained to meet industry standards that are benchmarked to the state's major international competitors. Skill standards and credentialing systems have major benefits that impact students and workers, employers and educators in Illinois.

Students and Workers

- Help workers make better decisions about the training they need to advance their careers.
- Allow workers to communicate more effectively to employers what they know and can do.
- Improve long-term employability by helping workers move more easily among work roles.
- Enable workers to help their children make effective academic and career and technical decisions.

Employers

- Focus the investment in training and reduce training costs.
- Boost quality and productivity and create a more flexible workforce.
- Improve employee retention.
- Improve supplier performance.
- Enlarge the pool of skilled workers.

Educators

- Keep abreast of a rapidly changing workplace.
- Contribute to curriculum and program development.
- Provide students with better career advice.
- Strengthen the relationship between schools and local businesses.
- Communicate with parents because educators have up-to-date information about industry needs.

The IOSSCC is currently working with the Illinois State Board of Education and other state agencies to integrate the occupational standards with the Illinois Learning Standards which describe what students should know and be able to do as a result of their education. The Council is also working to integrate workplace skills—problem solving, critical thinking, teamwork, etc.—with both the Learning Standards and the Occupational Skill Standards.

IOSSCC Requirements for Occupational Skill Standards

Illinois Occupational Skill Standards define what an individual should know and the expected level of performance required in an occupational setting. They focus on the most critical work performances for an occupation or occupational area.

Any occupational skill standards and credentialing system seeking IOSSCC endorsement must

- represent an occupation or occupational cluster that meets the criteria for IOSSCC endorsement, including economic development, earnings potential and job outlook;
- address both content and performance standards for critical work functions and activities for an occupation or occupational area;
- ensure formal validation and endorsement by a representative group of employers and workers within an industry;
- provide for review, modification and revalidation by an industry group a minimum of once every five years;
- award credentials based on assessment approaches that are supported and endorsed by the industry and consistent with nationally recognized guidelines for validity and reliability;
- provide widespread access and information to the general public in Illinois; and
- include marketing and promotion by the industry in cooperation with the partner state agencies.

Recognized Occupations

Occupations that do not meet the earnings criteria for IOSSCC endorsement but are part of an occupational cluster that is being developed may be presented for recognition by the IOSSCC. IOSSCC members encourage individuals to pursue occupational opportunities identified as endorsed occupations. Examples of occupations that do not meet the endorsement criteria, but have been recognized by the IOSSCC are Certified Nurse Assistant and Physical Therapy Aide.

Skill Standards Components

Illinois Occupational Skill Standards must contain the following components:

- Performance Area
- Performance Skill
- Skill Standard
- Performance Elements
- Performance Assessment Criteria

The IOSSCC further identified three components (*Conditions of Performance, Work to be Performed and Performance Criteria)* of the Skill Standard component as critical work functions for an occupation or industry/occupational area. The sample format for Illinois Occupational Skill Standards on the following page provides a description of each component of an occupational skill standard.

The sample format also illustrates the coding at the top of each page identifying the state, fiscal year in which standards were endorsed, Subcouncil abbreviation, cluster abbreviation and standard number. For example, the twenty-fifth skill standard in the Dental Hygienist, which has been developed by the Health & Social Services Subcouncil, would carry the following coding: IL.01.HSS.DH.25.

SUMMARY OF WORK TO BE PERFORMED. SUMMARY IS BRIEF AND BEGINS WITH AN ACTION VERB.

IL.FY.SUBCOUNCIL. CLUSTER. STANDARD NO.

PERFORMANCE AREA

SKILL STANDARD

CONDITIONS OF PERFORMANCE

A comprehensive listing of the information, tools, equipment and other resources provided to the person(s) performing the work.

WORK TO BE PERFORMED

An overview of the work to be performed in demonstrating the performance skill standard. This overview should address the major components of the performance. The detailed elements or steps of the performance are listed under "Performance Elements."

PERFORMANCE CRITERIA

The assessment criteria used to evaluate whether the performance meets the standard. Performance criteria specify product/outcome characteristics (e.g., accuracy levels, appearance, results, etc.) and process or procedure requirements (e.g., safety requirements, time requirements, etc.).

PERFORMANCE ELEMENTS

Description of the major elements or steps of the overall performance and any special assessment criteria associated with each element.

PERFORMANCE ASSESSMENT CRITERIA

Listing of required testing, certification and/or licensing.

Product and process used to evaluate the performance of the standard.

PRODUCT

Description of the product resulting from the performance of the skill standard.

PROCESS

Listing of steps from the Performance Elements which must be performed or the required order or performance for meeting the standard.

OCCUPATIONAL, EARNINGS AND EMPLOYMENT INFORMATION

I. Developmental Process and Occupational Definition

A. Developmental Process

After reviewing the current labor market information, the Health and Social Services Subcouncil recommended the development of skill standards for dental hygienists. The identified career, dental hygienists, meets the criteria established by the Illinois Occupational Skill Standards and Credentialing Council (IOSSCC) for performance skill standard development, education and training requirements, employment opportunities, earnings potential and career opportunities. A product developer knowledgeable about dental hygiene began the process of performance skill identification. The product developer prepared an outline and framework designed to address the major skills expected in the workplace. The framework addresses skill requirements common to dental hygiene treatment and practice.

The subcouncil recommended the final skill standards product be presented to the IOSSCC. The IOSSCC reviewed the skill standards and met with the product developer, state liaison and chair of the subcouncil. Based on the review, the IOSSCC voted to endorse the dental hygienist skill standards.

1. Resources

Job descriptions, credentialing standards from dental professionals and professional organizations and competencies addressed in related educational programs were solicited and received. The American Dental Hygienists' Association, American Dental Association, and the Illinois State Dental Society were consulted. Common and accepted references provided reinforcement for the direction given in the framework. Those references included current texts used by educational institutions, and guidelines set by the American Dental Association Joint Commission on Dental Accreditation and the Illinois State Dental Practice Act.

2. Standards Development Committee

A standards development committee composed of educators, dental hygienists and dentists was convened. The framework, initial outline, matrix and draft skill standards were presented to the standards development committee for review, revision, adjustment and validation. Additional skill standard statements with performance elements and assessment criteria were developed in accordance with the direction established by the IOSSCC and were presented to the standards development committee for review and revision. Dental hygiene program coordinators joined the standards development committee at a final meeting to review for consistency in terminology and the assessment criteria.

B. Occupational Definition

The skills embodied in dental hygiene are expanding beyond the traditional dental practice setting to educa tional, specialty practice, public health and hospital settings. These skills describe the standards appropriate to all facets and practice settings of dentistry.

Dental Hygienist is an individual educated in the art and science of prevention and oral health care including the management of behaviors to prevent oral disease and promote health. The primary responsibilities of the licensed dental hygienist include the coordination and delivery of primary, preventive oral health educational and clinical services, secondary preventive intervention to prevent further disease and promototion

of overall health. In addition, the dental hygienist works to facilitate the patient/client's access to care and the implementation of mutually agreed upon oral health care goals. The skills and efforts of the dental hygienist are provided in collaboration with dental and health care team members in a variety of settings to all populations.

Within the domain of dental hygiene, the main concepts studied are: the patient/client; the environment in which the patient/client and dental hygienists find themselves; the promotion of health/oral health; and the dental hygiene actions which lead the patient/client toward oral health care wellness.

The actions and practice of the dental hygienist involves cognitive, affective and psychomotor performances. They include assessing, planning, implementing and evaluating (i.e., the dental hygiene process) preventive oral health care. Dental hygiene actions also incorporate leaders hip, research and behavioral principles in the management of the patient/client's health/oral health status on the wellness/illness continuum. Dental hygiene actions are implemented in accordance with ethical principles and recognized standards of practice. These actions reflect and affirm the unique commitment to preventive oral health care.

II. Employment and Earnings Opportunities

A. Education and Training Requirements

A dental hygienist is a licensed preventive oral health professional. In order to become prepared to perform the necessary skills and services, the dental hygienist requires an extensive educational background.

Admission requirements and prerequisites vary from institution to institution, but generally include a high school diploma or GED, a minimum age of 18 years old and high school courses in mathematics, chemistry, biology and English. A minimum of a "C" average in high school and college entrance test scores is required.

Dental hygiene education is a minimum of two years but can be as long as four years of college education in an accredited dental hygiene program. The dental hygiene curriculum includes extensive course work in general education, basic sciences, dental sciences and dental hygiene sciences. General education courses include English, speech, psychology and sociology. The basic science courses include general chemistry, anatomy, physiology, biochemistry, microbiology, pathology, nutrition and pharmacology. The dental science courses include dental anatomy, head and neck anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain control and dental materials. Dental hygiene science courses include oral health education and preventive counseling, patient/client management, clinical dental hygiene, community dental health, medical and dental emergencies and legal and ethical aspects of the dental hygiene practice.

Obtaining a dental hygiene license in the state of Illinois includes the following requirements: graduating from an accredited dental hygiene program, successful completion of the written National Dental Hygiene Examination and passing the regional or state clinical board examination.

B. Employment Opportunities

Both in the nation and in the state of Illinois, the demand for licensed dental hygienists is expected to grow much faster than the average. The field of dental hygiene is expected to have over 270 job openings annually in the state of Illinois. The aging of the population, the promotion of dental health and the expansion of dental hygiene duties and responsibilities will affect the outlook. A growing number of people are completing education programs each year in the state of Illinois. Job prospects for graduates of accredited dental hygiene education programs should be good.

C. Earnings Opportunities

	Middle Range Annual Earnings 2000*
Dental Hygienist	$36,650 - $56,625

** Middle range is the middle 50%, i.e., one-fourth of persons in the occupation earn below the bottom of the range and one-fourth of persons in the occupation earn above the top of the range.*

Sources: Illinois Department of Employment Security, Economic Information and Analysis Division.

III. Assessment and Credentialing Systems

The IOSSCC recognizes that industry commitment for third-party assessment is beneficial and requests that each standards development committee and/or Subcouncil identifies the most beneficial method for assessing the standards.

Dental Hygienists in the state of Illinois are credentialed through the Illinois Department of Regulation. Prior to receiving a license, a Dental Hygienist must graduate from an accredited dental hygiene program, successfully complete the written National Dental Hygiene Examination and pass the regional or state clinical board examination.

IV. Industry Support and Commitment

The primary areas currently identified for industry support and commitment of occupational skill standards are development, updating and marketing. Business and industry partners may identify future uses of occupational skill standards such as credentialing/certification, career development of employees and specifications for out-source training programs.

A. Industry Commitment for Development and Updating

1. The development of skill standards for the Dental Hygienist is the efforts by the Health and Social Services Subcouncil and the standards development committee. Names of the persons serving on the subcouncil and the standards development committee are located in the appendices.

2. In developing the products, the following steps were completed.

   a. Identification and prioritization of a career ladder, identifying jobs by name.
   b. Review of resources.
   c. Development of draft matrix of performance standards.
   d. Development of a performance standard that was identified on the matrix.
   e. Convening of standards development committee of incumbent workers.
   f. Review, validation and approval of skill standards by the standards development committee.
   g. Review and approval of standards by subcouncil.
   h. Endorsement of skill standards by the IOSSCC.

B. Industry Commitment for Marketing

The Health and Social Services Subcouncil is committed to marketing and obtaining support and endorsement from the leading industry associations impacted by the skill standards. Upon recognition/endorsement of the standards by the IOSSCC, the subcouncil strongly recommends that professional trade groups, academic groups, etc. develop and provide an in-service/seminar package to promote skill standard awareness and to obtain full industry support and commitment for the development of a full industry marketing plan.

The Health and Social Services Subcouncil encourages the availability of skill standards to the public including learners, parents, workers, educators at all levels, employers and industry personnel.

ASSUMPTIONS FOR DENTAL HYGIENIST SKILL STANDARDS

The Standards Development Committee developed these skill standards based on the following assumptions:

1. Workplace skills (employability skills) are expected of all individuals. Socialization skills needed for work are related to lifelong career experience and are not solely a part of the initial education process. These are not included with this set of statements.
2. Specific policies and procedures (e.g., Center for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) regulations) of the work site will be made known to the individual and will be followed.
3. Time elements outlined for the skill standards result from the experience and consideration of the panel of experts who made up the standards development committee.
4. Skills will progress from simple to complex. Once a skill has been successfully performed, it must be incorporated into more complex skills.
5. Background knowledge or theory related to each skill is assumed. Although the skill standard enumerates steps to successful demonstration, rote approaches to the outcomes are not prescribed.
6. Skill standards were selected because they meet workplace needs and are designed to meet professional standards of practice.
7. **Skill standards do not replace, supersede or substitute for procedure manuals.**
8. **Skill standards do not replace, supersede or substitute for graduation from an accredited program of study or licensing for dental hygienists.**
9. Skills are identifiable, measurable standards of practice which may be used to demonstrate competency to employers and educators.
10. Testing conditions will be conducive to meeting the standards of performance. A typical clinical dental environment and standard equipment and materials will be provided.
11. The skill standards intended to reflect competencies at entry level for the dental hygienist occupation are to be tested with patients/clients in stable conditions in structured, supervised settings.
12. Patient/client rights will be learned as part of the education process and will be respected and expected as part of employment.
13. The dental hygienist will practice under the supervisory requirements, continuing education requirements and all other provisions of the Illinois Dental Practice Act.
14. The American Dental Hygienists' Association/National Dental Hygienists' Association Code of Ethics will give direction to the ethical dimensions of practice.
15. Once licensed as a dental hygienist the individual may use this skill standards product as a self-assessment tool.
16. Skill standards may not cover all situations depending on the patient/client's special needs.

WASH HANDS.

IL.02.HSS.DH.1

INFECTION CONTROL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Cleansing agent
Sink
Paper towels
Waste container
Personal protective equipment (PPE)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Wash hands and wrists in aseptic manner.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Don protective eyewear and mask.
2. Make paper towel(s) available for drying hands.
3. Turn on cool to warm water.
4. Remove watch and jewelry.
5. Expose hands to above wrists.
6. Wet hands thoroughly with water holding hands downward, lower than level of elbows, throughout procedure.
7. Dispense a few drops of liquid soap containing an antimicrobial agent into one hand.
8. Lather hands and wrists, rubbing all surfaces quickly and vigorously with moderate pressure for 15-30 seconds.
   a. Wash palms and back of hands using circular motions and friction.
   b. Rub fingernails against opposite hand to force soap under nails for cleaning.
   c. Wash between fingers, interlacing fingers and using friction.
   d. Wash wrists using friction.
9. Rinse thoroughly, running water downward from forearms to fingertips for 30 seconds.
10. Dry hands and wrists with paper towels from fingertips upward. Take care not to contaminate clean surfaces. Use as many paper towels as necessary.
11. Turn off water (if hand controls are used) holding a dry paper towel. Do not use clean, bare hand to turn off water controls.
12. Dispose of paper towel in waste container.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of hand washing procedures. Observe the performance of procedures under supervision.

PRODUCT

Hands and wrists are clean and aseptic.

PROCESS

All performance elements for hand washing are critical and must be performed in sequence.

USE FACE MASK.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Cleansing agent
- Sink
- Paper towels
- Waste container
- Face mask
- Standard/transmission-based precautions (universal precautions)
- Facility policy and procedures
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use face mask as necessary precaution.

PERFORMANCE CRITERIA

Face mask is used according to standard/transmission-based precautions and appropriate facility policy and procedures.

Time required to complete the skill varies depending on assigned responsibility.

PERFORMANCE ELEMENTS

1. Determine that use of face mask is required as protective safety measure.
2. Determine criteria for face mask (e.g., filtration, fit, moisture absorption, comfort, cost, etc.).
3. Wash hands thoroughly.
4. Place mask over nose and mouth. Tie or stretch elastic strap behind head.
5. Use fresh mask for each patient/client.
6. Change mask when it becomes wet.
7. Wear mask after procedure is completed while still in presence of aerosols.
8. Dispose of mask in waste container.
9. Wash hands thoroughly.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of using face mask. Observe the performance of procedures under supervision.

PRODUCT

Face masks are used as a necessary precaution.

PROCESS

All performance elements for using face mask are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

USE PROTECTIVE EYEWEAR.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Cleansing agent
Paper towels
Waste container
Protective eyewear (safety glasses or face shield)
Standard/transmission-based precautions (universal precautions)
Facility policy and procedures
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use protective eyewear as necessary precaution.

PERFORMANCE CRITERIA

Protective eyewear is used according to standard/transmission-based precautions and appropriate facility policy and procedures.

Time required to complete the skill varies depending on assigned responsibility.

PERFORMANCE ELEMENTS

1. Determine that use of protective eyewear is required as protective safety measure.
2. Determine criteria for protective eyewear (e.g., shatterproof, wide coverage, light weight, flexible with rounded, smooth edges, easily disinfected, clear or lightly tinted, protected against glare, etc.).
3. Wash hands thoroughly.
4. Remove disinfected protective eyewear from protective sheath or case.
5. Put on protective eyewear.
6. Care for protective eyewear after use.
   a. Run eyewear under water stream to remove abrasive particles.
   b. Disinfect eyewear.
   c. Rinse eyewear thoroughly after immersion.
   d. Check eyewear periodically for scratches.
7. Dry and store protective eyewear according to manufacturers' recommendations.
8. Wash hands thoroughly.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of using protective eyewear. Observe the performance of procedures under supervision.

PRODUCT

Protective eyewear is used as a necessary precaution.

PROCESS

All performance elements for using protective eyewear are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

USE DISPOSABLE GLOVES.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Sink
- Cleansing agent
- Towels
- Waste container
- Nonsterile disposable gloves
- Standard/transmission-based precautions (universal precautions)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use nonsterile disposable gloves.

PERFORMANCE CRITERIA

Nonsterile disposable gloves are used according to standard/transmission-based precautions and appropriate facility policy and procedures.

Time required to complete the skill varies depending on assigned responsibility.

PERFORMANCE ELEMENTS

1. Determine that use of nonsterile gloves is required as protective safety measure.
2. Complete pregloving hand wash.
3. Don disposable gloves.
4. Remove gloves by grasping outside of one glove near cuff with thumb and forefinger of other hand. Pull it off, turning it inside out while pulling.
5. Hook bare thumb inside other glove and pull it off, turning it inside out. Roll two gloves together with side that was nearest individual's hand on outside.
6. Dispose of soiled gloves according to facility policy.
7. Wash and dry hands thoroughly.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of glove placement procedures. Observe the performance of procedures under supervision.

PRODUCT

Nonsterile disposable gloves are used as a necessary precaution.

PROCESS

All performance elements for using nonsterile disposable gloves are critical and must be performed in sequence.

USE STANDARD/TRANSMISSION-BASED PRECAUTIONS (UNIVERSAL PRECAUTIONS)

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Cleansing agent
- Sink
- Towels/linens
- Waste containers
- Nonsterile disposable gloves
- Needles/other sharps
- Masks
- Gown and gloves
- Personal protective equipment (PPE)
- Standard/transmission-based precautions (universal precautions)
- Facility policy and procedures

WORK TO BE PERFORMED

Use standard/transmission-based precautions in all patient/client contact and treatment and throughout daily work requirements.

PERFORMANCE CRITERIA

Standard/transmission-based precautions are used according to facility policy and procedures to provide protection for provider, patient/client and other personnel.

Time required to complete the skill varies according to standard/transmission-based precaution used.

PERFORMANCE ELEMENTS

1. Wash hands before unit setup, after unit breakdown, before and after gloving, after patient/client contact and immediately after contamination with blood or body fluid.
2. Don protective eyewear during all setups and cleanup of dental operatory, during all patient/client treatment and whenever contamination with blood or body fluid droplets may occur.
3. Don clinic gowns whenever soiling of clothing with blood or body fluids is likely.
4. Don appropriate gloves for procedure.
5. Avoid cuts and nicks when using sharps such as burs, needles, etc.
6. Dispose of all sharps (e.g., needles, burs, broken glass, etc.) in designated sharps containers.
7. Follow specific guidelines for handling of biohazardous waste.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of applying standard/transmission-based precautions. Observe the performance of procedures under supervision.

PRODUCT

Standard/transmission-based precautions are used in all contact with patient/client.

PROCESS

All performance elements for using standard/transmission-based precautions are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

SET UP DENTAL UNIT.

IL.02.HSS.DH.6

INFECTION CONTROL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Set up dental unit and prepare unit water lines to reduce contamination from surface micro-organisms prior to treating patient/client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 15 minutes.

PERFORMANCE ELEMENTS

1. Wash hands thoroughly.
2. Put on protective eyewear, mask and general-purpose utility gloves.
3. Spray disinfectant liberally over entire surface of dental unit, making sure you spray all hoses, buttons and switches.
4. Allow solution to stay on surfaces for appropriate length of time. Make sure surfaces remain moist.
5. Turn on high speed and low speed velocity evacuation systems and run disinfectant, in container, through hoses and water lines for appropriate length of time.
6. Wipe surfaces dry using large gauze sponges and paper towels.
7. Dispose of gauze sponges and paper towels in waste container.
8. Wash general-purpose utility gloves while still on hands. Dab with paper towel to remove excess water.
9. Remove general-purpose utility gloves and hang to dry.
10. Wash hands and don disposable gloves.
11. Wrap entire unit with plastic.
    a. Cover back of chair (headrest and buttons should be covered) with large plastic bag.
    b. Wrap hoses and handles of dental unit in plastic wrap.
    c. Cover bracket table (tray) with medium-sized plastic bag.
12. Fasten small waste disposable bag on side of bracket table with adhesive tape.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of setting up dental unit. Observe the performance of procedures under supervision.

PRODUCT

Dental unit is disinfected and set up.

PROCESS

All performance elements for setting up the dental unit are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

OPEN STERILE SUPPLIES

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Dental operatory
- Sterilized packet containing supplies
- Personal protective equipment (PPE)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Open sterile supplies and create a sterile field for dental instruments.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies depending on number of sterile items needed for patient/client's treatment.

PERFORMANCE ELEMENTS

1. Wash hands thoroughly.
2. Don PPE.
3. Move bracket table or instrument cart into position.
4. Check integrity of packaging.
   a. Look for color change on sterilization tape.
   b. Look for color change on all indicators and fasteners.
   c. Look for holes or tears in packaging.
   d. Note expiration date.
   e. Look for improperly sealed packages.
   f. Look for any water damage on packaging.
   g. Examine label for contents.
5. Open examination kit containing sterile napkin to be utilized as sterile field covering bracket table.
   a. Place sterile napkin on bracket table, opening packet so inside sterile field is not contaminated.
   b. Tuck corners of napkin under tray on bracket table to secure napkin.
6. Open packets of sterile supplies and instruments by peeling packet away from contained contents.
   a. Place sterilized instruments on sterile field of bracket table.
   b. Take care not to let sterile items slide over edges of sterile field.
7. Deliver sterile items onto sterile field while standing at least 12 inches away and just prior to patient/client's treatment.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles for opening sterile supplies. Observe the performance of procedures under supervision.

PRODUCT

Sterile supplies are opened.

PROCESS

All performance elements for opening sterile supplies are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

DELIVER STERILE SUPPLIES

IL.02.HSS.DH.8

INFECTION CONTROL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Deliver sterile supplies to dental operatory for use during patient/client's treatment.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies according to quantity of supplies needed.

PERFORMANCE ELEMENTS

1. State conditions of sterility that must be observed.
2. Verify type of sterile supplies and instruments needed.
3. Wash hands thoroughly.
4. Don PPE.
5. Deliver sterile packet onto sterile field.
   a. Verify sterility of supplies and instruments.
   b. Open sterile packets complying with CDC and OSHA standards/regulations.
   c. Deliver inner sterile packet(s) onto sterile field.
   d. Assure nonsterile hands and/or arms do not contact sterile field.
   e. Discard outer wrappings into appropriate waste container.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of delivering sterile supplies. Observe the performance of procedures under supervision.

PRODUCT

Sterile supplies are delivered/transferred to sterile field without contamination of sterile field.

PROCESS

All performance elements for the delivery of sterile supplies are critical.
Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

BREAK DOWN DENTAL UNIT.

IL.02.HSS.DH.9

INFECTION CONTROL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Break down contaminated dental unit and purge water lines after patient/client's treatment.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 15 minutes.

PERFORMANCE ELEMENTS

1. Wash hands thoroughly.
2. Don PPE.
3. Remove all plastic wrap and plastic bags from dental unit and dispose of them in waste container.
4. Spray disinfectant liberally over entire surface of dental unit, making sure you spray all hoses, buttons and switches.
5. Wipe with large gauze sponges and paper towels, removing all debris from dental unit.
6. Dispose of paper towels and gauze sponges in waste container.
7. Wash general-purpose utility gloves with soap while still on hands and spray with disinfectant spray.
8. Dry gloved hands with paper towel.
9. Remove all hand pieces from dental unit.
10. Remove water bottle from dental unit and empty.
11. Reattach water bottle and run all remaining water within dental unit through hoses, handpiece flush valve and syringe.
12. Spray unit once again with disinfectant solution and allow to dry. Surfaces must remain wet for appropriate length of time.
13. Wash general-purpose utility gloves with soap and dab dry with paper towel; spray with disinfectant.
14. Remove gloves and hang to dry.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of breaking down dental unit. Observe the performance of procedures under supervision.

PRODUCT

Dental unit is broken down and disinfected.

PROCESS

All performance elements for breaking down dental unit are critical and must be performed in sequence.

HANDLE SHARPS CORRECTLY

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Sharps (scalers, curettes, burs, needles, scalpel blades, orthodontic wires, etc.)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Handle sharps correctly prior to, during and after dental procedures.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies according to number of sharps present during procedure.

PERFORMANCE ELEMENTS

1. Wash hands thoroughly.
2. Don PPE.
3. Count sharps to be used for dental procedure before treatment begins.
4. Contain sharps. (Utilize magnetic needle mat, hard container, needle caps, etc.)
5. Prevent puncture wound injuries.
   a. Use appropriate instrument or mechanism to attach blade to scalpel handle.
   b. Arm needle directly from suture packet.
   c. Pass needles in needle holder.
   d. Do not bend or break injection needles.
   e. Remove instruments from dental operatory after use.
   f. Put all used blades and needles into puncture resistant container.
   g. Protect sharp edges of instruments.
6. Maintain an accurate count of sharps during dental treatment.
7. Dispose of sharps in containers that are leak proof, punct ure-resistant and labeled correctly as biohazardous materials.
8. Wear general-purpose utility gloves during cleanup of sharps materials.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of correct handling of sharps. Observe the performance of procedures under supervision.

PRODUCT

Sharps are handled correctly prior to, during and after dental treatment procedures.

PROCESS

All performance elements for handling sharps correctly are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Personal protective equipment (PPE)
- Dental instruments
- Instrument cassette
- Cleansing agent
- Sink
- Paper wrap or sterilization bags
- 2x2 gauze or cotton rolls
- General purpose utility gloves
- Marking pen and labels
- Ultrasonic unit and solution
- Sterilization tape
- Manufacturers' instructions
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Prepare instruments for sterilization.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 15 minutes.

PERFORMANCE ELEMENTS

1. Determine sterilization process for dental instruments and equipment.
2. Don general-purpose utility gloves and PPE.
3. Dismantle instruments with detachable parts. Always handle instruments which have pointed tips in middle of instrument handle appropriately to avoid injury.
4. Place instruments into basket of ultrasonic unit for approximately 10 minutes or according to manufacturers' instructions.
5. Remove basket from ultrasonic unit.
   a. Drain, rinse under running water and air-dry instruments.
   b. Avoid touching instruments.
6. Place instruments into instrument cassette. Wrap cassette in packaging wrap; fasten with sterilization tape and label contents.
7. Wrap group of instruments in sterilization wrap and fasten with piece of sterilization tape if cassettes are not used.

8. Wrap group in second piece of wrap or place wrapped instrument group into sterilization bag.
9. Label contents of package with marking pen.
10. Place instrument package into sterilization unit; determine correct method for loading instruments (i.e., cassettes versus sterilization bags).
11. Wash general-purpose utility gloves with soap, spray with disinfectant solution and hang to dry.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of preparing instruments for sterilization. Observe the performance of procedures under supervision.

PRODUCT

Dental instruments are cleaned and prepared for sterilization.

PROCESS

All performance elements for preparing instrument for sterilization are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Dental operatory
- Personal protective equipment (PPE)
- Disinfected equipment and supplies
- Sterile instruments
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Maintain aseptic and sterile field during patient/client treatment.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies.

PERFORMANCE ELEMENTS

1. Inspect all sterile packaging and trays for the following to ensure integrity of package:
   a. Indicator/sterilizer strips
   b. Holes in package
   c. Proper seal for package
2. Inspect all package labels for sterility dates.
3. Deliver items to dental operatory by methods that do not compromise sterility.
4. Consider any items dropped during preparation for procedure or during procedure to be unsterile.
5. Create aseptic working field as close to time of procedure as possible.
6. Consider unattended disinfected fields unsterile.
7. Maintain asepsis within dental operatory.
   a. Disinfect all surfaces within dental operatory.
   b. Sterilize all instruments used intraorally.
   c. Keep all dental instruments within sterilization packets during storage and prior to dental treatment.
   d. Consider permeated sterile barrier nonsterile.
   e. Consider edges of sterile container unsterile once package is opened.
   f. Don proper attire to avoid contaminating aseptic field.
   g. Make every effort to maintain sterile environment (e.g., do not touch hair, cross-contaminate, etc.) once aseptic field has been established.
   h. Consider all items and areas of doubtful sterility contaminated.

8. Maintain asepsis out of dental operatory.
   a. Remove gloves, face masks and protective eyewear prior to leaving dental operatory.
   b. Never handle patient/client's charts (records) with contaminated gloves.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles for maintaining highest standard of aseptic and sterile field during dental procedures. Observe the performance of procedures under supervision.

PRODUCT

An aseptic and sterile field is maintained during patient/client's treatment.

PROCESS

All performance elements for maintaining an aseptic and sterile field during patient/client's treatment are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client drape
- Protective container for removable appliances
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Receive patient/client in reception area and provide assistance into dental opera tory.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Greet patient /client and introduce yourself.
2. Invite patient/client into operatory.
3. Instruct patient/client to be seated in dental chair.
   a. Stand ready to adjust chair height, headrest, armrest position, etc.
   b. Assist elderly patient/client or small child into chair by holding patient's arms.
   c. Assist with wheelchair transfers by bringing wheelchair adjacent to dental chair.
4. Place patient/client's handbag or personal belongings in safe place within patient/client's view.
5. Apply patient/client's napkin or drape and fasten it.
6. Receive removable prosthetic appliances in covered, water-filled container.
7. Offer patient/client protective eyewear.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of patient/client reception. Observe the performance of procedures under supervision.

PRODUCT

Patient/client is received, seated comfortably and prepared to receive dental treatment.

PROCESS

All performance elements for receiving patient/client are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

POSITION PATIENT/CLIENT IN DENTAL CHAIR.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory

WORK TO BE PERFORMED

Position patient/client in dental chair in comfortable position that does not hinder health of patient/client or clinician and allows for optimal viewing and access by clinician.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is one minute.

PERFORMANCE ELEMENTS

1. Lower backrest so patient/client is in supine position, if not contraindicated.
2. Instruct patient/client to slide up until head is on upper edge of backrest.
3. Lower or raise entire chair until patient/client's mouth is at clinician's elbow.
4. Turn on dental light.
5. Place light at arm's length.
6. Adjust light by pointing beam into patient/client's mouth.
   a. Position light directly above patient/client and point beam straight down for mandibular arch.
   b. Position light in front of patient/client and direct light upward for maxillary arch.
7. Adjust height of bracket table so it is easily accessible and visible and reached by clinician without stretching or twisting body.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of positioning patient/client in dental chair. Observe the performance of procedures under supervision.

PRODUCT

Patient/client is positioned in correct position in dental chair and is ready to receive dental treatment.

PROCESS

All performance elements for positioning patient/client in dental chair are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

POSITION OPERATOR'S CHAIR

IL.02.HSS.DH.15

PATIENT/CLIENT PREPARATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory

WORK TO BE PERFORMED

Position operator's chair at proper height to enhance visibility and accessibility during patient treatment.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is one minute.

PERFORMANCE ELEMENTS

1. Sit in operator's chair.
2. Adjust stool to proper position relative to dental unit and patient/client.
   a. Position feet flat on floor.
   b. Position thighs parallel with floor.
   c. Keep back straight.
   d. Hold head erect.
   e. Direct eyes downward.
3. Observe distance from patient/client's head to clinician's eyes (approximately 14-16 inches).

PERFORMANCE ASSESSMENT CRITERIA

Test principles of positioning operator's chair. Observe the performance of procedures under supervision.

PRODUCT

Operator is positioned in correct position in clinician's stool and is ready to begin patient/client treatment.

PROCESS

All performance elements for positioning operator's chair are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

COLLECT/RECORD MEDICAL, DENTAL AND PERSONAL HISTORIES.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Private room
- Black pen
- Red pen
- Appropriate recording forms
- Medical alert and allergy stickers
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Collect/record information to complete thorough medical, dental and personal history by interviewing and questioning patient/client with regards to information given on provided form(s).

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 10-15 minutes.

PERFORMANCE ELEMENTS

1. Review pre-appointment information.
2. Seat patient/client comfortably in private room.
3. Review completed information on history form(s).
4. Interview patient/client regarding personal history.
   a. Collect data essential for appointment planning and business aspects.
   b. Receive approval for care of minors/special-needs patients/clients from parent or guardian.
   c. Secure informed consent from patient/client for all procedures to be performed.
5. Interview patient/client (parent/guardian) regarding dental history.
   a. Record immediate problem, chief complaint, cause of pain, etc.
   b. Record previous dental treatment received by patient/client as dictated by dentist or dental hygienist.
   c. Record patient/client's attitude toward oral health.
   d. Record personal daily care exercised by patient/client.

6. Interview patient/client regarding current medical history.
   a. Record diseases that may complicate dental treatment using ink color chosen by the facility in which assessment is being made.
   b. Record diseases requiring special precautions or preparation prior to treatment in ink color suitable to facility in which assessment is being made.
   c. Record diseases under treatment by physician that require medicating drugs that may influence or contraindicate certain procedures in ink color suitable to facility in which assessment is being made.
   d. Record allergies or past reactions to drugs in ink color suitable to facility in which assessment is being made.
   e. Record diseases and drugs with manifestations in mouth in ink color suitable to facility in which assessment are being made.
   f. Record infectious or communicable diseases in ink color suitable to facility in which assessment is being made.
   g. Observe and record physiological state of patient.
7. Recognize conditions requiring referral and medical consultation.
8. Place allergy and medical alert stickers appropriately on or in patient/client's chart, maintaining patient/client's confidentiality.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of collecting/recording medical, dental and personal histories. Observe the performance of procedures under supervision.

PRODUCT

A thorough personal, dental and medical history is collected/recorded prior to dental hygiene treatment to assure for safe, scientific patient/client care.

PROCESS

All performance elements for collecting/recording medical, dental and personal histories are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

MEASURE ORAL TEMPERATURE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Digital thermometer
Disposable sheath for thermometer
Pen
Appropriate recording form(s)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Gather data and record oral temperature of patient/client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 2-4 minutes.

PERFORMANCE ELEMENTS

1. Position patient/client in comfortable position.
2. Explain procedure to patient/client.
3. Wash hands.
4. Hold thermometer at stem.
5. Clean thermometer.
6. Place thermometer into plastic, disposable sheath.
7. Instruct patient/client to hold thermometer between lips to avoid biting thermometer with teeth.
8. Remove thermometer from patient/client's mouth after audible signal.
9. Remove plastic sheath and dispose of it in waste container.
10. Read thermometer.
11. Record date, time of day and temperature on appropriate form(s).
12. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of measuring oral temperature. Observe the performance of procedures under supervision.

PRODUCT

Patient/client's oral temperature is measured prior to dental hygiene treatment.

PROCESS

All performance elements for measuring oral temperature are critical and must be performed in sequence.

MEASURE RADIAL PULSE RATE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Pen
Appropriate recording form(s)
Watch with second hand
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Measure and record radial pulse rate of patient/client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is less than two minutes.

PERFORMANCE ELEMENTS

1. Explain purpose of procedure to patient/client.
2. Wash hands.
3. Seat patient/client in comfortable position in dental chair with patient/client's arm and hand supported and palm down.
4. Locate radial pulse with tips of first three fingers.
5. Exert light pressure and count for one clocked minute.
6. Observe rhythm and volume of radial pulse.
7. Record radial pulse on appropriate form(s).
8. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of measuring radial pulse rate. Observe the performance of procedures under supervision.

PRODUCT

Patient/client's radial pulse is measured and recorded prior to dental hygiene treatment.

PROCESS

All performance elements for measuring radial pulse are critical and must be performed in sequence.

MEASURE RESPIRATIONS

IL.02.HSS.DH.19

PATIENT/CLIENT PREPARATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Pen
- Appropriate recording form(s)
- Watch with second hand
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Measure and record respiration rate of patient/client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is two minutes.

PERFORMANCE ELEMENTS

1. Seat patient/client in comfortable position.
2. Explain procedure to patient/client.
3. Count patient/client's respirations immediately after counting pulse.
4. Maintain fingers over radial pulse. (Respirations must be counted without patient/client's awareness.)
5. Count number of times chest rises during one clocked minute.
6. Observe depth, rhythm, quality and sounds of respirations and note position of patient/client.
7. Record all findings on appropriate form(s).
8. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of measuring patient/client's respiration rate. Observe the performance of procedures under supervision.

PRODUCT

Patient/client's respiration rate is measured and recorded prior to dental hygiene treatment.

PROCESS

All performance elements for measuring respirations are critical and must be performed in sequence.

MEASURE BLOOD PRESSURE

IL.02.HSS.DH.20

PATIENT/CLIENT PREPARATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Pen
Appropriate recording form(s)
Sphygmomanometer (cuff and mercury manometer)
Stethoscope
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Measure and record blood pressure of patient/client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is one minute.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Seat patient/client in comfortable position with patient/client's arm slightly flexed, palm up and supporting forearm on level surface.
   a. Measure blood pressure on arm unless otherwise indicated.
   b. Measure blood pressure on bare arm. Loosen tight sleeve, if necessary.
   c. Instruct patient/client to uncross ankles and legs.
3. Place deflated cuff on patient/client's arm.
   a. Position patient/client's arm at level of heart.
   b. Place bladder of cuff directly over patient/client's brachial artery.
   c. Position lower edge of cuff one inch above antecubital fossa.
   d. Fasten cuff evenly and snugly.
4. Position gauge for easy viewing.
5. Place stethoscope end piece on brachial artery pulse one inch below antecubital fossa.
6. Position stethoscope ear pieces in ears.
7. Locate radial pulse; hold fingers on pulse.
8. Close needle valve on attached hand control bulb.
9. Pump to inflate cuff until radial pulse stops; note mercury level.
10. Pump bulb 20-30 millimeters Hg beyond where radial pulse stopped.

11. Deflate cuff gradually (two to three millimeters per second). Release valve on attached bulb.
12. Listen for first sound; note number on dial that is systolic pressure.
13. Release pressure and listen for last sound; note number on dial that is diastolic pressure.
14. Release cuff further (approximately 10 millimeters per second) until all sounds cease.
15. Rapidly release rest of air out of cuff.
16. Remove cuff from patient/client's arm.
17. Record patient/client's systolic and diastolic blood pressure readings on appropriate form(s).

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of measuring patient/client's blood pressure. Observe the performance of procedures under supervision.

PRODUCT

Patient/client's blood pressure is measured and recorded prior to dental hygiene treatment.

PROCESS

All performance elements for measuring blood pressure are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart with completed histories
- Personal protective equipment (PPE)
- Patient/client hand mirror
- Mouth mirror
- Waste container
- Periodontal probe
- Explorer
- Cotton pliers
- Tongue depressor
- 2x2 gauze sponges(s)
- Pen
- Appropriate recording forms
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Examine extraoral and intraoral structures.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Seat patient/client in upright position.
2. Explain procedure to patient/client.
3. Wash hands.
4. Don PPE.
5. Adjust dental light for optimum lighting of patient/client's face and head.
6. Observe patient/client's skin, eyes, lips and neck.
7. Palpate all extraoral structures (e.g., salivary glands, lymph nodes and muscles of face, oral regions and neck and Temporomandibular Joint [TMJ]) using bilateral, bimanual and bidigital palpation. (Instruct patient/client to open and close mouth when checking TMJ.)
8. Remove gloves and dispose of in waste container.

9. Wash hands and don disposable gloves.
10. Position patient/client in reclined position.
11. Examine (preliminary) intraoral structures by using mouth mirror or tongue depressor.
12. View and/or palpate lips, mucosa, mucobuccal folds, tongue, floor of mouth, hard and soft palates, pharyngeal areas, salivary ducts, etc.
13. Record location, history, physical characteristics and abnormalities of structures on appropriate form(s).

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of extraoral and intraoral examination. Observe performance of procedures under supervision.

PRODUCT

Extraoral and Intraoral structures of patient/client's head, face and neck are examined prior to dental or dental hygiene treatment. Any observation and descriptions identifying variations and deviations from normal are verbalized and recorded.

PROCESS

All performance elements are critical for performing the extraoral and intraoral examination. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient protective eyewear
- Mouth mirror
- Gauze sponge(s)
- Waste container
- Glass microscope slides (2)
- Protective mailing container
- Fixative (70% alcohol)
- Irrigation solution
- Blade or Cytology brush
- Appropriate form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Perform exfoliative cytology test.

Prepare sample of exfoliated stratified squamous cells for microscopic examination.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is two minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Position patient/client in reclined position.
5. Wash hands.
6. Don PPE.
7. Prepare microscope slides. Label slides with patient/client's name and date of sample.
8. Irrigate lesion to remove debris. Wipe gently with wet gauze to remove additional debris.

9. Collect sufficient sample of suspected lesion following acceptable cytological standards.
10. Spread collected materials onto glass slide covering an area approximately 20 mm wide after licensed health professional has scraped lesions.
11. Flood material on glass slide with generous drops of 70% alcohol solution.
12. Obtain second smear. Duplicate steps four through six.
13. Dispose of blade in sharps container or place brush in appropriate biohazard container.
14. Complete data on appropriate form(s) and prepare for mailing.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of exfoliative cytology. Observe the performance of procedures under direct supervision.

PRODUCT

An exfoliative cytology test is performed and a microscopic slide of exfoliated cells of an oral lesion is prepared for examination.

PROCESS

All performance elements for obtaining and recording an exfoliative cytological slide for examination are critical and must be performed in sequence.

PREPARE AND TAKE ALGINATE IMPRESSIONS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Disinfecting solution
- Air/water syringe
- Dental floss
- Mouth mirror
- Plastic bag
- Impression trays
- Rubber mixing bowl
- Water thermometer
- Chlorehexadine/antimicrobial mouth rinse
- Spatula
- Tray adhesive
- Saliva ejector
- Utility wax
- Alginate material
- Base plate wax
- Container for appliances
- Manufacturers' directions
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Prepare and take impressions of patient/client's mouth to fabricate plaster (stone) study casts.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 10-15 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Give patient/client protective eyewear.
3. Cover patient/client with protective plastic drape.
4. Wash hands.
5. Don PPE.
6. Position patient/client upright in dental chair.
7. Receive removable appliances from patient/client if applicable.
8. Instruct patient/client to rinse two times with a Chlorehexidine/ antimicrobial mouth rinse for 30 seconds per swish.
9. Using mouth mirror examine oral cavity for factors that may influence size and preparation of impression tray.
10. Free mouth of debris with air/water syringe and dental floss.
11. Dry teeth with compressed air.
12. Place bite wax into warm water to soften.
13. Place bite wax (interocclusal record) into patient/client's mouth, applying it to maxillary teeth.
14. Instruct patient/client to bite down.
15. Remove wax from patient/client's mouth and chill in cold water.
16. Select proper size impression tray(s).
    a. Insert and evaluate tray(s) so all retromolar and maxillary tuberosity areas are covered.
    b. Make sure there is one-quarter inch clearance labial to most protruded incisor.
17. Place strip of utility wax (beading) around entire periphery of each impression tray.
18. Retry trays once wax is in place.
19. Paint thin layer of tray adhesive in impression tray if needed.
20. Mix impression material.
    a. Follow manufacturers' specifications.
    b. Place measured water, 20 to 21 degrees Celsius (68 to 70 degrees Fahrenheit, measured with thermometer), into rubber mixing bowl.
    c. Sprinkle measured powder into water.
    d. Incorporate powder and water using spatula.
    e. Mix vigorously for one clocked minute.
21. Prepare mandibular impression tray in approximately 30 seconds.
    a. Fill tray from one end to the other.
    b. Thoroughly press material to tray.
    c. Fill to level just below wax rim.
22. Take mandibular impression.
    a. Wipe small amount of impression material from spatula into vestibular areas and occlusal surfaces using index finger.
    b. Retract patient/client's lips and cheeks with index and middle fingers of nondominant hand.
    c. Insert tray with rotary motion, centering handle of tray with midline of patient/client's face (center of chin).
    d. Bring tray rim to one-quarter inch anterior to most labially positioned incisor; instruct patient/client to raise tongue.
    e. Lower tray retracting cheeks in posterior areas, making certain buccal mucosa is not trapped under tray.
    f. Apply equal bilateral pressure firmly with index and middle fingers of dominant hand.
23. Place saliva ejector into patient/client's mouth.

24. Hold impression tray in place until material is set (approximately two to three minutes).
25. Remove impression tray from patient/client's mouth.
    a. Hold tray with thumb and fingers.
    b. Retract cheek and lip with fingers and release edge of impression; do not rock tray back and forth.
    c. Use sudden snap to release impression material from teeth.
26. Instruct patient/client to rinse mouth of any residual impression material.
27. Rinse impression under cool water, wrap impression in wet paper towel and place into plastic bag.
28. Take maxillary impression.
    a. Repeat steps 17 through 24.
    b. When seating maxillary impression tray seat posterior portion of maxillary impression tray first, then anterior portion of tray.
29. Disinfect impression.
    a. Disinfect impression with solution compatible with dental impression material used following manufacturers' guidelines.
    b. Rinse impression thoroughly.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of clinical procedures of taking alginate impressions. Observe the performance of procedure under supervision.

PRODUCT

Alginate impressions are prepared and taken of patient/client's mouth.

PROCESS

All performance elements are critical for taking alginate impressions and must be performed in sequence.

FABRICATE STUDY CASTS FROM ALGINATE IMPRESSIONS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Vibrator with protective covering
- Model base former or glass slab
- Mixing bowl
- Plaster knife
- Mechanical mixer
- Base plate wax
- Water container
- Waterproof sandpaper
- White dental stone or plaster
- Protractor
- Soap solution
- Ruler
- Pencil
- Model trimmer
- Angle former
- Spatula
- Wax spatula
- Personal Protective Equipment (PPE)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Fabricate study casts from alginate impressions.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 10-15 minutes.
(NOTE: Does not include material set-up time.)

PERFORMANCE ELEMENTS

1. Wash hands.
2. Don PPE.
3. Rinse impressions under cool water.

4. Mix dental stone or plaster, enough for one impression tray.
   a. Measure water and powder following manufacturers' specifications.
   b. Placed measured water into mixing bowl.
   c. Sift powder gradually into water allowing particles to become wet.
   d. Use vacuum mixer, if available, or mix powder and water with spatula creating creamy mix.
   e. Place bowl on vibrator to vibrate air bubbles out of mix.
5. Pour up model.
   a. Hold impression tray by handle and press handle against vibrator.
   b. Place small amount of dental stone or plaster in tray; allow it to flow throughout tray, filling in all anatomical structures of impression.
   c. Fill impression slightly above periphery.
6. Form base of cast.
   a. Fill rubber model base former with dental stone or plaster or form mass of stone onto smooth, nonabsorbent surface such as glass slab or wax paper.
   b. Invert poured impression onto base.
   c. Add stone to peripheral and heel areas.
7. Pour up second impression (model) repeating steps four and five.
8. Allow study casts to set, approximately one hour.
9. Separate impression tray(s) from cast(s).
   a. Cut away dental stone or plaster from periphery with plaster knife, freeing margin of tray.
   b. Remove tray(s) and cut away any residual impression material left on cast(s).
10. Prepare casts for trimming.
    a. Soak casts for at least five minutes.
    b. Remove bubbles of stone using plaster knife.
    c. Level down excess stone with model trimmer.
11. Trim maxillary cast.
    a. Place base of maxillary model on table of model trimmer.
    b. Turn water on to moderate volume.
    c. Press sides and base of model to blade and trim until smooth.
    d. Mark posterior two-thirds of maxillary midline with pencil and use protractor to draw 90-degree angle to midline.
    e. Articulate two models together to assure enough space on posterior.
    f. Measure cast with plastic ruler from mucolabial fold to cusp tip on both sides to determine height and mark with pencil.
    g. Trim base to pencil mark.
    h. Trim posterior portion of base to perpendicular line drawn on palate.
    i. Place angle former parallel to buccal plane and draw a line with pencil on both lateral surfaces of model.
    j. Place model on table of model trimmer and trim lateral surfaces to line.
    k. Using angle former, draw a line from each cusp to midline.
    l. Place model on table of model trimmer and trim up to both drawn lines; anterior portion of maxillary model is trimmed to a point.
12. Trim mandibular cast by repeating step ten, letters a through k. Mandibular anterior portion of mandibular cast is rounded, not trimmed to a point.
13. Finish and polish model.
    a. Allow casts to dry thoroughly for two to three days.
    b. Smooth with fine sandpaper.
    c. Soak casts in heated soap solution for 30-60 minutes.
    d. Rub with soft cloth and talc powder until smooth.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of paraclinical procedures of study casts. Observe the performance of procedure under supervision.

PRODUCT

Dental stone or plaster study casts are fabricated in laboratory.

PROCESS

All performance elements for fabricating study casts are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

IDENTIFY GINGIVAL CHANGES

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Identify gingival changes by conducting a thorough examination of patient/client's gingival tissues.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 1-2 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in dental chair in reclined position.
7. Position dental light for optimum viewing.
8. Observe marginal gingiva, interdental papilla and attached gingiva.
9. Evaluate color, size, shape/contour, texture, position and presence of bleeding of gingiva using dental mirror and air/water syringe.
10. Record findings on appropriate recording form(s).
11. Discuss findings with dentist.
12. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of gingival changes and disease evaluation. Observe the performance of procedure under supervision.

PRODUCT

An evaluation of gingival changes in a patient/client's mouth is performed.

PROCESS

All performance elements for evaluating the health and disease of gingival tissues are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

MEASURE LEVEL OF ATTACHMENT

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client dreape
- Patient/client protective eyewear
- Air/water syringe tip
- Mouth mirror
- Peridontal probe
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Evaluate patient/client's periodontal attachment tissues from a fixed point to determine apical migration of junctional epithelium.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 1-3 minutes; however, time will vary according to severity of disease.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust dental light for maximum illumination.
8. Evaluate patient/client's mouth and select a fixed point (i.e., Cementoenamel Junction [CEJ]).
9. Measure visible recession.
   a. Locate CEJ.
   b. Measure from CEJ to attachment with periodontal probe.

10. Measure attachment level when CEJ is covered with gingival.
    a. Locate CEJ by sliding periodontal probe along tooth surface.
    b. Measure from gingival crest to CEJ.
    c. Subtract measurement from total probe depth measurement.
11. Measure attachment level when marginal gingival is at level of CEJ.
    a. Locate CEJ by sliding periodontal probe along tooth surface.
    b. Measure from marginal gingiva (CEJ) to attachment.
    c. Measure from marginal gingiva to mucogingival junction.
12. Record findings on appropriate recording form(s).
13. Discuss findings with dentist.
14. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of measuring clinical attachment levels during procedure. Observe the performance of procedure under supervision.

PRODUCT

An accurate assessment of patient'/client's clinical attachment level is completed.

PROCESS

All performance elements for evaluating a patient/client's clinical attachment level are critical and must be performed in sequence.

PERFORM PERIODONTAL PROBING.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Periodontal probe
- Pens (black and colored)
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use periodontal probe to locate, measure and evaluate sulci and periodontal pockets.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 5-7 minutes; however, time may vary according to disease state.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don (PPE).
6. Position patient/client in reclined position.
7. Adjust dental light for maximum illumination.
8. Grasp periodontal probe using modified pen grasp.
9. Establish fulcrum (finger rest) on an adjacent tooth.
10. Place side of probe against tooth surface near gingival margin at distal line angle.
11. Gently slide probe subgingival, maintaining contact of side of probe with tooth.
12. Apply light pressure (10 grams) to detect level of attached tissue.

13. Position probe as nearly parallel as possible with long axis of tooth.
    a. Move probe utilizing gentle walking stroke.
    b. Move probe from distal line angle into distal col area, noting deepest reading.
    c. Move probe back toward distal line angle and across facial lingual surface to mesial line angle, noting deepest reading between two line angles.
14. Continue to move probe from mesial line angle into mesial col area, noting deepest reading.
15. Continue across entire dentition using black ink to record six readings per tooth on appropriate recording form(s). (Measurements of 4 millimeters or more should be recorded in ink color suitable to facility in which assessment is being made.)
16. Discuss findings with dentist.
17. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of periodontal probe technique. Observe performance of procedures under supervision.

PRODUCT

An assessment of patient/client's periodontal pocket formation and status is completed.

PROCESS

All performance elements for periodontal probing are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Periodontal probe
- Mouth mirror
- Pen (black ink)
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Examine mucogingiva thoroughly to determine adequacy of width of attached gingiva.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 1-2 minutes; however, time may vary according to disease state.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don (PPE).
6. Position patient/client in reclined position.
7. Adjust dental light for maximum illumination.
8. Grasp probe with modified pen grasp.
9. Hold probe on external surface of gingiva.
10. Measure from mucogingival junction to gingival margin to determine total gingival width.
11. Insert probe subgingival and determine probe depth.

12. Subtract probe depth from total gingival measurement to determine width of attachment.
13. Record findings on appropriate recording form(s).
14. Discuss findings with dentist.
15. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of mucogingival evaluation. Observe performance of procedures under supervision.

PRODUCT

A thorough evaluation of width of attached gingival is completed.

PROCESS

All performance elements for evaluation of width of attached gingival are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

MEASURE FURCATION INVOLVEMENT.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Nabers furcation probe
- Mouth mirror
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Determine and examine topography of furcation area.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 1-2 minutes; however, time may vary according to disease state.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Grasp Nabers probe using modified pen grasp.
8. Insert Nabers probe subgingivally.
9. Move probe toward furcation area using exploratory stroke.
10. Roll instrument handle into furcation area.
11. Determine furcation classification.
12. Record findings on appropriate recording form(s).
13. Discuss findings with dentist.
14. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of furcation detection. Observe performance of procedures under supervision.

PRODUCT

A topographical evaluation of patient/client's furcation areas of posterior teeth is completed.

PROCESS

All performance elements for evaluation of a furcation are critical and must be performed in sequence.

IDENTIFY TOOTH MOBILITY.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Two single-ended metal instruments
- Pen (black ink)
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Identify tooth mobility by conducting a thorough evaluation of periodontium that support patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 1-2 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Stabilize patient/client's head.
8. Adjust dental light for maximum illumination.
9. Grasp two single-ended metal instruments, one in each hand, using modified pen grasp.
10. Establish firm finger rests (fulcrums).
11. Test for horizontal mobility.
    a. Place blunt end of each instrument to opposite sides of a tooth.
    b. Apply pressure from one side and to other side.
    c. Keep both instruments on tooth while applying pressure.
    d. Rock tooth to test for mobility.

12. Test for vertical mobility.
    a. Place blunt end of one of instruments on occlusal surface of a tooth.
    b. Apply pressure in an apical direction to test for mobility.
13. Evaluate entire dentition, repeating steps seven through ten.
14. Record findings on appropriate form(s).
15. Discuss findings with dentist.
16. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of tooth mobility evaluation. Observe performance of procedures under supervision.

PRODUCT

An assessment and record of tooth mobility of patient/client is completed.

PROCESS

All performance elements for evaluating tooth mobility are critical and must be performed in sequence.

IDENTIFY CALCULUS (HARD DEPOSITS).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Calculus explorer
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Identify calculus (hard deposits) through supragingival and subgingival exploring of patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 2-3 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust dental light for maximum illumination.
8. Evaluate supragingival calculus deposits.
   a. Spray compressed air on surfaces of teeth.
   b. View teeth with mouth mirror.
   c. Grasp explorer with modified pen grasp.
   d. Establish consistent finger rest.
   e. Adapt side of explorer tip to tooth surface.

f. Move explorer using short, overlapping, walking strokes over entire facial or lingual surfaces of teeth.
g. Lead with tip of explorer into interproximal surfaces, rolling handle between fingers.
h. Continue to move explorer using short, overlapping, walking strokes.
i. Explore under proximal contact area.

9. Evaluate subgingival calculus deposits.
   a. Grasp explorer with modified pen grasp.
   b. Establish consistent finger rest.
   c. Adapt tip of explorer to tooth surface, holding terminal shank parallel with long axis of tooth.
   d. Gently slide tip subgingivally.
   e. Maintain contact of side of tip of explorer with tooth at all times.
   f. Slide tip of explorer over tooth surface to base of pocket.
   g. Move explorer over root surface or subgingival areas of tooth using walking stroke. Always lead with tip.
   h. Roll instrument around line angle into proximal surface.
   i. Explore under contact area.
   j. Remove explorer from subgingival interproximal area.
10. Explore entire dentition, repeating steps seven and eight.
11. Record findings on appropriate form(s).
12. Discuss findings with dentist.
13. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of supra and subgingival calculus detection. Observe performance of procedures under supervision.

PRODUCT

A thorough evaluation of amount and type of hard deposits found in patient/client's mouth supragingivally and subgingivally is completed.

PROCESS

All performance elements for performing supra and subgingival calculus detection are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

IDENTIFY DENTAL PLAQUE (SOFT DEPOSITS).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal Protective Equipment (PPE)
- Patient/client drape
- Patient protective eyewear
- Air/water syringe
- Mouth mirror
- Disclosant preparation (solution)
- Lubricant gel
- Cotton tip applicator(s)
- Plastic cup
- Cotton roll(s)
- Small plastic medicine cup
- 2x2 gauze
- Saliva ejector
- Pen
- Appropriate recording form
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Detect and identify dental plaque (soft deposits) on patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in upright position.
7. Adjust dental light for maximum illumination.
8. Put lubricant gel on patient/client's lips with cotton tip applicator.

9. Coat all porcelain or composite type restorations in patient/client's mouth with lubricant gel using cotton tip applicator.
10. Prepare disclosant solution.
    a. Place a few drops of disclosant solution into small medicine cup.
    b. Place small medicine cup into larger plastic cup.
    c. Put one or two cotton tip applicators into solution.
    d. Hold larger plastic cup with 2x2 gauze.
11. Give plastic cup to patient/client and instruct patient/client to hold cup below chin and over drape.
12. Place slow speed saliva ejector into patient/client's mouth.
13. Dry teeth using compressed air from air/water syringe using following sequence:
    a. Maxillary lingual surfaces
    b. Maxillary facial surfaces
    c. Mandibular facial surfaces
    d. Mandibular lingual surfaces
14. Retract tissues with mouth mirror.
15. Paint disclosant solution onto teeth with cotton tip applicator using following sequence:
    a. Mandibular lingual surfaces
    b. Mandibular facial surfaces
    c. Maxillary facial surfaces
    d. Maxillary lingual surfaces.
16. Remove saliva ejector.
17. Rinse patient/client's mouth with water from air/water syringe.
18. Instruct patient/client to swish water in mouth.
19. Reinsert saliva ejector into patient/client's mouth to remove excess water and disclosant solution.
20. Identify plaque deposits in patient/client's mouth by utilizing compressed air and mouth mirror.
21. Record deposits on appropriate recording form(s).
22. Discuss findings with dentist.
23. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of identification of dental plaque with disclosant solution. Observe performance of procedures under supervision.

PRODUCT

The location and amount of dental plaque on patient/client's teeth is identified.

PROCESS

All performance elements for identifying soft deposits are critical and must be performed in sequence.

IDENTIFY SUPPURATION.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Pens
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Identify location of suppuration or infectious materials within a periodontal pocket.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 1-2 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Evaluate and locate areas of suppuration.
   a. Apply digital pressure with ball of index finger.
   b. Move finger in rolling motion coronally along facial surface of marginal gingiva.
9. Examine all teeth systematically.
10. Record findings on appropriate recording form(s).
11. Discuss findings with dentist.
12. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of identifying suppuration. Observe performance of procedures under supervision.

PRODUCT

The location of suppuration or infectious materials within a periodontal pocket is identified.

PROCESS

All performance elements in identifying suppuration are critical and must be performed in sequence.

ASSESS RADIOGRAPHS FOR SIGNS OF PERIODONTAL DISEASE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- View box and adequate viewing facility
- Exposed set of radiographs
- Magnifying glass
- Periodontal probe
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Assess patient/client's radiographs to determine if signs of periodontal disease are present.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 15 minutes.

PERFORMANCE ELEMENTS

1. Place radiographs onto view box.
2. View radiographs systematically.
3. Evaluate radiographs for triangulation, widening of periodontal ligament, absence of lamina dura, furcation involvement, vertical and horizontal bone loss patterns, retained root fragments, root resorption, root morphology, etc.
4. Measure root to crown ratio and trunk length (area between Cementoenamel Junction [CEJ] and furcation) using periodontal probe.
5. Record findings on appropriate form(s).
6. Discuss findings with dentist.
7. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of periodontal history radiographic evaluation. Observe performance of procedures under supervision.

PRODUCT

Patient/client radiographs are assessed for signs of periodontal disease.

PROCESS

All performance elements for performing an assessment of dental radiographs for signs of periodontal disease are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

ASSESS PERIODONTAL CLASSIFICATION.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Completed patient/client record
- Completed periodontal chart
- Full set of radiographs
- Study models
- Pen
- Appropriate recording form(s)
- American Academy of Periodontology guidelines
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Assess patient/client's periodontal status.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Review all patient/client information and periodontal chart(s).
2. Review radiographs and study models.
3. Classify gingival and periodontal disease following American Academy of Periodontology guidelines.
4. Record classification on appropriate recording form(s).
5. Discuss findings with dentist.
6. Share findings with patient/client after dentist approval.
7. Place dental dam napkin under dental dam for patient/client comfort.
8. Place dental dam frame to stretch dental dam material over patient/client's mouth.

PERFORMANCE ASSESSMENT CRITERIA

American Academy of Periodontology, CDC guidelines and OSHA standards/regulations are followed.

Test principles of periodontal classification. Observe performance of procedures under supervision.

PRODUCT

The periodontal status of patient/client is assessed and classified.

PROCESS

All performance elements for classifying periodontal disease status are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

USE MOUTH MIRROR.

IL.02.HSS.DH.36

OBSERVATION OF TEETH

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Lubricant gel
- Cotton tip applicator
- Adequate lighting
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use mouth mirror for indirect vision retraction, transillumination and reflective illumination.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

PERFORMANCE ELEMENTS

1. Drape patient/client.
2. Give patient/client protective eyewear.
3. Wash hands.
4. Don PPE.
5. Position patient/client in reclined position.
6. Adjust dental light for maximum illumination.
7. Grasp mouth mirror with nondominant hand using modified pen grasp; establish fulcrum (finger rest).
8. Use compressed air on area to be viewed.
9. Retract patient/client's cheek.
   a. Using cotton tip applicator place lubricant gel on corners of patient/client's lips.
   b. Insert mirror into patient/client's mouth with back of mirror head against buccal mucosa.
   c. Gently retract cheek, adjusting mirror position to avoid pressure on oral structures.

10. Use mirror for indirect vision.
    a. Insert mirror into patient/client's mouth.
    b. Look into mirror to see tooth surfaces that cannot be viewed directly by clinician.
    c. Roll mirror handle between fingers to view all surfaces of teeth.
11. Use mirror for reflective illumination.
    a. Insert mirror into patient/client's mouth.
    b. Use mirror to view dark areas of patient/client's mouth.
    c. Roll mirror handle in fingers to reflect light onto teeth from overhead dental light.
12. Use mirror to reflect light through teeth (i.e.,transillumination).
    a. Insert mirror into patient/client's mouth.
    b. Place mirror surface behind anterior teeth (i.e.,maxillary or mandibular).
    c. Roll mirror handle in fingers to reflect light from overhead dental light through anterior teeth.
    d. Evaluate teeth for dark shadows.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of mouth mirror usage. Observe performance of procedures under direct supervision.

PRODUCT

The mouth mirror is utilized to maximize visibility and accessibility into patient/client's mouth.

PROCESS

All performance elements for using mouth mirror are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

IDENTIFY SUSPICIOUS AREAS FOR POSSIBLE DENTAL CARIES.

IL.02.HSS.DH.37

OBSERVATION OF TEETH

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Caries explorer(s)
- Pen(s)
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Identify suspicious areas for possible dental caries during patient/client's examination.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 2-3 minutes; however, time may vary depending on disease state.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust dental light for maximum illumination.
8. Sit to front or side of patient/client to view mandibular arch; sit behind patient to view maxillary arch and use indirect vision.

9. Assess pit and fissures using compressed air.
   a. Grasp explorer using modified pen grasp.
   b. Trace entire length of each developmental groove with point of explorer.
   c. Direct point straight into each groove and pit and apply firm pressure.
   d. Feel for penetration of point or a "catch."
10. Assess smooth surfaces of patient/client's teeth.
   a. Grasp explorer using modified pen grasp.
   b. Place side of tip of explorer on smooth surface of tooth (facial or lingual).
   c. Move explorer over enamel; lead with tip.
   d. Observe for roughness, breaks in continuity or change in hardness of enamel.
11. Assess root surfaces of teeth.
   a. Grasp explorer using modified pen grasp.
   b. Place side of tip of explorer on tooth at distal line angle.
   c. Gently slide explorer subgingivally.
   d. Move explorer into distal col area using long exploratory strokes.
   e. Remove explorer from col area and reinsert at distal line angle pointed in direction of midline of tooth.
   f. Move explorer across facial (or lingual) toward mesial line angle.
   g. Roll instrument around mesial line angle and proceed into mesial col area.
   h. Explore entire dentition.
   i. Observe for depressed, rough areas on root surfaces.
   j. Use transillumination techniques on anterior teeth. Observe for opaqueness.
12. Assess restorations for recurrent decay or defects.
   a. Grasp explorer using modified pen grasp.
   b. Place explorer on margins of restoration.
   c. Trace margin of restoration with point of explorer.
   d. Observe for breaks in restoration margin or for penetration of explorer between restoration and tooth.
13. Record pathology findings on appropriate recording form(s) using ink color suitable to facility in which assessment is being made.
14. Verify observations of suspicious defects or pathology with dentist.
15. Share findings with patient/client
   a. Mix material with tongue depressor or spatula.
   b. Lubricate gloved fingers.
   c. Mold dressing material into thin strip to cover surgical area.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of exploring teeth and restorations. Observe performance of procedures under direct supervision.

PRODUCT

Suspicious areas for possible dental caries are identified during patient/client's examination.

PROCESS

All performance elements for identifying suspicious areas for possible dental caries are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Explorer(s)
- Dental floss
- Saliva ejector
- Radiographs
- Red pencil
- Blue pencil
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Record and chart patient/client's dentition including restorations and signs of possible pathology.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is three minutes; however, time may vary depending on amount of restorations and pathology to be charted.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust dental light for maximum illumination.
8. Grasp mouth mirror using modified pen grasp in nondominant hand.
9. Grasp air/water syringe with dominant hand using a palm grasp.
10. Use compressed air on several teeth to be examined within same quadrant.

11. Use direct and indirect vision, explorer(s) and dental radiographs and dental floss to examine teeth and contact areas.
12. Use set routine to accomplish complete and accurate charting.
13. Chart possible dental caries, fractured restorations and teeth, missing teeth, enamel defects, rotated or drifted teeth, restorations, dental sealants, present primary and permanent teeth, overhanging margins, open contacts, diastemas, unerupted or impacted teeth, supernumerary teeth, fusion, etc.
14. Using symbols according to departmental standards, record, on appropriate recording form(s), suspicious defects or pathology with red ink and restorations with blue ink.
15. Continue examination throughout entire dentition.
16. Discuss findings with dentist.
17. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of dentition charting. Observe performance of procedures under supervision.

PRODUCT

A dentition record and chart to be utilized for treatment planning, counseling, evaluation and identification of patient/client is completed.

PROCESS

All performance elements for charting dentition are critical. The performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

PERFORM PULPAL VITALITY TEST

IL.02.HSS.DH.39

OBSERVATION OF TEETH

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Toothpaste
- Cotton rolls
- Pen
- Appropriate recording form(s)
- Pulp tester and instructions
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Perform pulpal vitality test to collect information which can be instrumental in determining vitality of patient/client's tooth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is one minute.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in position that allows for accessibility.
7. Adjust dental light from maximum illumination.
8. Assemble pulp tester according to manufacturers' instructions.
9. Dry teeth to be tested.
10. Isolate teeth to be tested with cotton rolls.
11. Apply small amount of toothpaste on tip of tester.
12. Instruct patient/client to signal when sensation is felt.
13. Apply tester tip to control tooth.

14. Apply tester to second control tooth.
15. Test tooth in question.
16. Record findings on appropriate form(s).
    a. Average readings.
    b. Record lowest number at which minimal stimulus induced response.
17. Discuss findings with dentist.
18. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of testing for pulpal vitality. Observe performance of procedures under supervision.

PRODUCT

A pulpal vitality test is performed to help assess vitality of pulp of patient/client's tooth.

PROCESS

All performance elements for testing for pulpal vitality of a tooth are critical and must be performed in sequence.

ASSESS OCCLUSION CLASSIFICATION AND IDENTIFICATION.

IL.02.HSS.DH.40

OBSERVATION OF TEETH

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Assess occlusion classification and identification.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 2-3 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in upright position.
7. Adjust dental light for maximum illumination.
8. Observe patient/client's profile. Identify mesognathic, retrognathic or prognathic facial profile.
9. Identify malrelations of groups of teeth.
   a. Insert mouth mirror into patient'/clients mouth using modified pen grasp.
   b. Instruct patient/client to bite down while you retract cheek.
   c. Identify crossbite, edge-to-edge bite, end-to-end bite, open bite, overjet, underjet, overbite and midline shift.

10. Identify malpositions of individual teeth.
    a. Insert mouth mirror into patient/client's mouth using modified pen grasp.
    b. Instruct patient/client to bite down while you retract cheek.
    c. Identify labioversion, linguoversion, buccoversion, supraversion, torsiversion, and infraversion.
11. Assess classification of occlusion.
    a. Insert mouth mirror into patient/client's mouth using modified pen grasp.
    b. Instruct patient/client to bite down while you retract cheek.
    c. Identify Class I (neutroclusion), Class II (distoclusion) division 1, Class II (distoclusion) division 2 and Class III (mesioclusion).
12. Assess functional occlusion.
    a. Insert mouth mirror into patient/client's mouth using modified pen grasp.
    b. Instruct patient/client to bite down while you retract cheek.
    c. Identify functional contacts, parafunctional contacts and proximal contacts.
13. Assess traumatic occlusion.
    a. Insert mouth mirror into patient/client's mouth using modified pen grasp.
    b. Instruct patient/client to bite down while you retract cheek.
    c. Assess primary and secondary traumatic fractures.
14. Assess oral habits (i.e., bruxism, grinding, etc.).
15. Record findings on appropriate recording form(s).
16. Discuss findings with dentist.
17. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of occlusal classification. Observe performance of procedures under supervision.

PRODUCT

As assessment of patient/client's occlusal classification is completed.

PROCESS

All performance elements for performing occlusal classification and identification are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however, a different sequence may be used.

COMPLETE PERIODONTAL SCREENING AND RECORDING (PSR) INDEX.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Personal protective equipment (PPE)
Patient/client drape
Patient/client protective eyewear
Air/water syringe
Color coded periodontal probe with markings
3.5 - 5.5 – 8.5 - 11.5
Pen
Appropriate recording form(s)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Periodontal Screening and Recording (PSR) Index on patient/client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 2-3 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position in dental chair.
7. Adjust dental light for maximum illumination.
8. Grasp periodontal probe using modified pen grasp.
9. Insert periodontal probe gently into sulcus until base of pocket is felt.
10. Walk probe circumferentially around each tooth.
11. Evaluate color coded area of probe for prompt identification of probing depths.

12. Record one code number per sextant corresponding to deepest position of color coded portion of probe. Use appropriate recording form(s).
    a. Record findings on six-box form.
    b. Use following codes.
        1) Record code zero when colored area of probe is completely visible in deepest probe depth of sextant and no calculus, defective margins or bleeding are present.
        2) Record code one when colored area of probe is completely visible in deepest probing depth of sextant and no calculus or defective margins are found. Bleeding is present after gentle probing.
        3) Record code two when colored area of probe is completely visible in deepest probing depth of sextant and supra and/or subgingival calculus is found. Defective margins are present.
        4) Record code three when colored area of probe is partially visible in deepest probing depth of sextant. Requirements for code 1 and 2 may be present.
        5) Record code four when colored area of probe completely disappears and probing depth is greater than 5.5 mm.
        6) Record code five when any notable feature such as furcation involvement, mobility, mucogingival involvement and recession is present.
13. Discuss findings with dentist.
14. Share findings with patient/client and motivate patient/client to seek necessary and complete periodontal assessment and treatment.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Periodontal Screening and Recording (PSR) Index. Observe performance of procedures under supervision.

PRODUCT

A Periodontal Screening and Recording (PSR) Index is completed.

PROCESS

All performance elements for performing Periodontal Screening and Recording (PSR) Index are critical. Performance elements are numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

COMPLETE PLAQUE INDEX (PI I).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Disclosing agent
- Lubricant gel
- Cotton tip applicators
- Plastic drinking cup
- Periodontal probe or explorer
- Saliva ejector
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Plaque Index (PI I) to assess thickness of plaque at gingival area on patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is three minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position in dental chair.
7. Adjust dental light for maximum illumination.
8. Apply lubricant gel to patient/client's lips and opaque colored restorations using cotton tip applicator.

9. Dry patient/client's teeth with compressed air using recommended sequence.
10. Apply disclosant solution using recommended sequence.
11. Spray water into patient/client's mouth and instruct patient/client to swish.
12. Insert saliva ejector into patient/client's mouth.
13. Dry teeth using compressed air.
14. Examine teeth for bacterial plaque.
    a. Grasp mouth mirror in nondominate hand using modified pen grasp.
    b. Grasp probe or explorer in dominant hand using modified pen grasp.
    c. Evaluate plaque on cervical third of teeth.
    d. Pass probe or explorer across tooth surface near cervical third and near opening to sulcus.
    e. Evaluate mesial, distal, lingual and facial surfaces.
15. Record score of zero to three for each area.
    a. Record numeral zero for no plaque.
    b. Record numeral one for film of plaque adhering to free gingival margin and adjacent area of tooth.
    c. Record numeral two for moderate accumulation of soft deposits within gingival pocket that can be seen clinically on the tooth and gingival margin.
    d. Record numeral three for abundance of soft deposits within gingival pocket and/or on tooth and gingival margin.
16. Calculate score by adding scores of each tooth and dividing by number of teeth examined.
17. Record score on appropriate recording form(s).
18. Discuss findings with dentist.
19. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Plaque Index (PI I). Observe performance of procedures under supervision.

PRODUCT

An assessment of plaque accumulation on patient/client's teeth using findings from Plaque Index (PI I) is completed.

PROCESS

All performance elements for performing Plaque Index (PI I) are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Disdosing solution
- Lubricant gel
- Cotton tip applicators
- Plastic drinking cup
- Saliva ejector
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete plaque control record to assess bacterial plaque accumulation on patient/client's individual tooth surfaces.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position in dental chair.
7. Adjust dental light for maximum illumination.
8. Apply lubricant gel to patient/client's lips and opaque colored restorations using cotton tip applicator.
9. Dry patient/client's teeth with compressed air using recommended sequence.

10. Apply disclosant solution using recommended sequence.
11. Spray water into patient/client's mouth and instruct patient/client to swish.
12. Insert saliva ejector into patient/client's mouth.
13. Dry teeth with compressed air.
14. Examine teeth for bacterial plaque.
    a. Grasp mouth mirror with nondominate hand using modified pen grasp.
    b. Evaluate plaque at gingival margin. Quantity is not evaluated.
    c. Begin examination in maxillary right quadrant facial surfaces and work around across facials and onto lingual surfaces.
    d. Evaluate entire dentition.
15. Record on appropriate recording form(s) tooth surfaces containing plaque. Record six readings per tooth.
16. Calculate score.
    a. Total number of teeth present.
    b. Multiply by six to obtain number of available surfaces.
    c. Count number of tooth surfaces containing plaque.
    d. Multiply number of plaque-stained surfaces by 100 and divide by total number of available surfaces to calculate percentage of plaque-containing surfaces in patient/client's mouth.
17. Record calculated score in patient's chart or on appropriate form(s).
18. Discuss findings with dentist.
19. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of plaque control record. Observe performance of procedures under supervision.

PRODUCT

An accurate assessment of plaque accumulation on patient/client's teeth is completed.

PROCESS

All performance elements for performing Plaque Control Record are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however, a different sequence may be used.

COMPLETE PLAQUE-FREE SCORE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Disclosing solution
- Lubricant gel
- Cotton tip applicators
- Plastic drinking cup
- Saliva ejector
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete plaque-free score to assess number of plaque-free tooth surfaces in patient/client's mouth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position in dental chair.
7. Adjust dental light for maximum illumination.
8. Apply lubricant gel to patient/client's lips and opaque colored restorations.
9. Dry teeth with compressed air using recommended sequence.
10. Apply disclosing solution using recommended sequence.

11. Spray water into patient/client's mouth and instruct patient/client to swish.
12. Insert saliva ejector into patient/client's mouth.
13. Dry teeth with compressed air.
14. Examine teeth for bacteria plaque.
    a. Grasp mouth mirror with nondominate hand using modified pen grasp.
    b. Examine tooth surfaces for plaque accumulation.
    c. Begin examination with maxillary right facial surfaces of teeth and work across to left side of mouth and then onto lingual surfaces.
    d. Evaluate entire dentition.
15. Record tooth surfaces containing plaque on appropriate recording form(s). Record four surfaces per tooth: facial, lingual, mesial and distal.
16. Calculate plaque-free score.
    a. Total number of teeth.
    b. Total number of plaque-covered surfaces.
    c. Multiple number of teeth by four to determine number of available surfaces.
    d. Subtract number of surfaces with plaque from total available surfaces to find number of plaque-free surfaces.
17. Record number of plaque-free surfaces in patient/client's chart or on appropriate recording form(s).
18. Discuss findings with dentist.
19. Share findings with patient/client

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of plaque free score. Observe the performance of procedures under supervision.

PRODUCT

An assessment of plaque-free tooth surfaces in patient/client's mouth is completed.

PROCESS

All performance elements for performing plaque-free score index are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Personal protective equipment (PPE)
Patient/client drape
Patient/client protective eyewear
Air/water syringe
Mouth mirror
Disclosing solution
Lubricant gel
Cotton tip applicators
Plastic drinking cup
Saliva ejector
Pen
Appropriate recording form(s)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Assess Patient/client Hygiene Performance (PHP).

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position in dental chair.
7. Adjust dental light for maximum illumination.
8. Apply lubricant gel to patient/client's lips and opaque colored restorations.
9. Dry teeth with compressed air using recommended sequence.
10. Apply disclosing solution using recommended sequence.
11. Spray water into patient/client's mouth and instruct him/her to swish.

12. Insert saliva ejector into patient/client's mouth.
13. Dry teeth with compressed air.
14. Examine teeth for soft debris and bacterial plaque.
    a. Grasp mouth mirror with nondominate hand using modified pen grasp.
    b. Examine tooth surfaces for loosely attached soft material consisting of bacterial plaque, materia alba and food debris.
    c. Begin examination with maxillary right facial surfaces of teeth and work across to left side of mouth.
    d. Evaluate lingual surfaces of right mandibular molars, then mandibular left molars.
    e. Evaluate entire dentition.
15. Record on the appropriate recording form(s) surfaces containing plaque.
    a. Divide appropriate tooth surface into five sections. Three sections which run vertically are mesial, middle and distal. Horizontally, middle third of tooth is subdivided into gingival, middle, and occlusal thirds.
    b. Score subdivided sections for presence of stained debris using number zero to indicate no debris and number one to indicate the definite presence of debris.
16. Calculate debris score.
    a. Add scores for each of five subdivisions.
    b. Score may range from zero to five.
    c. Total scores for individual teeth and divide by number of teeth examined.
17. Record score in patient/client's chart or on appropriate recording form(s).
18. Discuss findings with dentist.
19. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Patient Hygiene Performance (PHP). Observe the performance of procedure under supervision.

PRODUCT

An assessment of patient/client's hygiene performance is completed. Findings are appropriately recorded and shared with patient/client.

PROCESS

All performance elements for performing Patient Hygiene Performance (PHP) are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however, a different sequence may be used.

COMPLETE ORAL HYGIENE INDEX (OHI)

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal Protective Equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Disclosing solution
- Lubricant gel
- Cotton tip applicators
- Plastic drinking cup
- Periodontal probe or explorer
- Saliva ejector
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Oral Hygiene Index (OHI) to assess amount of soft debris and calculus present on tooth surface.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position in dental chair.
7. Adjust dental light for maximum illumination.
8. Apply lubricant gel to patient/client's lips and opaque colored restorations.
9. Dry teeth with compressed air using recommended sequence.

10. Apply disclosing solution using recommended sequence.
11. Spray water into patient/client's mouth and instruct patient/client to swish.
12. Insert saliva ejector into patient/client's mouth.
13. Dry teeth with compressed air.
14. Select teeth for examination.
    a. Divide dentition into sextants.
    b. Select 12 tooth surfaces; select one facial and one lingual surface in each quadrant.
15. Evaluate teeth starting with maxillary right facial side, moving around to maxillary left and then onto lingual.
16. Evaluate entire dentition for soft deposits.
    a. Run side of tip of probe or explorer across tooth surface.
    b. Examine if soft debris is present.
17. Record debris score. Record 12 debris scores on appropriate recording form(s) using:
    a. Numeral zero for no debris or stain present,
    b. Numeral one for soft debris covering not more than one-third of tooth surface,
    c. Numeral two for soft debris covering more than one-third but not more than two-thirds of exposed tooth surface, and
    d. Numeral three for soft debris covering more than two-thirds of exposed tooth surface.
18. Evaluate entire dentition for hard deposits.
    a. Run side of probe or explore supragingivally across tooth surface.
    b. Insert explorer subgingivally using correct exploring technique across tooth surface.
19. Record calculus score. Record 12 calculus scores on appropriate recording form(s) using:
    a. Numeral zero for no calculus present,
    b. Numeral one for supragingival calculus covering not more than one-third of surface being examined,
    c. Numeral two for supragingival calculus covering more than one-third but not more than two-thirds of exposed tooth surface,
    d. Numeral three for supragingival calculus covering more than two-thirds of exposed tooth surface or continuous heavy band of subgingival calculus around cervical portion of tooth.
20. Calculate debris score by totaling debris scores and dividing by number of sextants.
21. Calculate calculus score by totaling calculus scores and dividing by number of sextants.
22. Calculate OHI score by adding debris score to calculus score that equals OHI.
23. Record OHI in patient/client's chart or on appropriate recording form(s).
24. Discuss findings with dentist.
25. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of the Oral Hygiene Index (OHI). Observe the performance of procedure under supervision.

PRODUCT

Oral Hygiene Index (OHI) is completed and findings are assessed, recorded, and shared with patient/client.

PROCESS

All performance elements for performing Oral Hygiene Index (OHI) are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however; a different sequence may be used.

COMPLETE SIMPLIFIED ORAL HYGIENE INDEX (OHI-S).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Disclosing solution
- Lubricant gel
- Cotton tip applicators
- Plastic drinking cup
- Periodontal probe or explorer
- Saliva ejector
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Simplified Oral Hygiene Index (OHI-S) to assess patient/client's oral cleanliness by estimating tooth surfaces covered with soft debris and calculus.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position in dental chair.
7. Adjust light for maximum illumination.
8. Apply lubricant gel to patient/client's lips and opaque colored restorations.
9. Dry teeth with compressed air using correct sequence.
10. Apply disclosing solution using recommended sequence.

11. Spray water into patient/client's mouth and instruct patient/client to swish.
12. Insert saliva ejector into patient/client's mouth.
13. Select teeth for examination by choosing six specific teeth with one in each sextant. (Maxillary molar facial, mandibular lingual molar, maxillary right and mandibular left central incisor areas are used.)
14. Evaluate teeth.
    a. Start evaluation with maxillary posterior sextant and work way around maxillary arch.
    b. Drop down to mandibular left lingual posterior sextant and work way around to other side of mouth.
15. Evaluate teeth for soft debris by recording six debris scores on appropriate recording form(s) using same criteria as found in performing Complete Oral Hygiene Index (OHI) in Skill 46.
16. Evaluate teeth for calculus by recording six calculus scores following same criteria as found in OHI in Skill Standard 46 Complete Oral Hygiene Index (OHI).
17. Calculate debris score by totaling debris scores and dividing by number of sextants.
18. Calculate calculus score by totaling calculus scores and dividing by number of sextants.
19. Calculate OHI-S score by adding debris score to calculus score that equals OHI-S score.
20. Record OHI-S score in patient/client's chart or on appropriate recording form(s).
21. Discuss findings with dentist.
22. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Simplified Oral Hygiene Index (OHI-S). Observe performance of procedures under supervision.

PRODUCT

Simplified Oral Hygiene Index (OHI-S) is completed and findings are assessed, recorded and shared with patient/client.

PROCESS

All performance elements for performing Simplified Oral Hygiene Index (OHI-S) are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however; a different sequence may be used.

COMPLETE SULCUS BLEEDING INDEX (SBI).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Periodontal probe
- Saliva ejector
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Sulcus Bleeding Index (SBI) to locate possible presence of early (initial) inflammatory gingival disease.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Grasp probe with dominant hand using modified pen grasp.
9. Grasp mouth mirror with nondominant hand using modified pen grasp.
10. Probe four areas of each tooth using standardized probing technique. Score four gingival units: facial and lingual marginal gingiva (M unit) and mesial and distal papilla (P unit).
11. Probe maxillary right distal col area across facial into mesial col area first.
12. Work across entire facial of maxillary arch and onto lingual surfaces.

13. Probe entire dentition.
14. Wait 30 seconds after probing before scoring.
15. Dry gingiva using compressed air.
16. Evaluate gingival color changes.
17. Score bleeding, if present, using
    a. Numeral zero for healthy appearance of P and M with no bleeding upon probing,
    b. Numeral one for healthy appearance of P and M, but bleeding from the sulcus with gentle probing,
    c. Numeral two for bleeding upon probing, change in tissue color caused by inflammation with no swelling present,
    d. Numeral three for bleeding upon probing, change in color and slight edematous swelling,
    e. Numeral four for bleeding with probing, change in color and obvious swelling, or bleeding on probing and obvious swelling, and
    f. Numeral five for bleeding upon probing, spontaneous bleeding, change in color, marked swelling with or without ulceration.
18. Calculate SBI score.
    a. Score each of four gingival units. (M and P is scored zero to five.)
    b. Total scores for individual teeth and divide by number of teeth to determine SBI score.
19. Record SBI score in patient/client's chart or on appropriate scoring form(s).
20. Discuss findings with dentist.
21. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Sulcus Bleeding Index (SBI). Observe the performance of procedures under supervision.

PRODUCT

Sulcus Bleeding Index (SBI) to locate presence of possible early (initial) inflammatory gingival disease is completed. Findings are assessed, recorded and shared with patient/client.

PROCESS

All performance elements for performing Sulcus Bleeding Index (SBI) are critical. The performance elements are numbered to show an appropriate sequence for completing the skill, however, a different sequence may be used.

COMPLETE GINGIVAL BLEEDING INDEX (GBI).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Personal protective equipment (PPE)
Patient/client drape
Patient/client protective eyewear
Air/water syringe
Mouth mirror
Unwaxed dental floss
Pen
Appropriate recording form(s)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety and Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Gingival Bleeding Index (GBI) and record possible presence or absence of gingival disease as determined by bleeding from interproximal gingival tissue.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Wrap unwaxed floss (approximately 18-inch piece) around middle fingers of each hand.
9. Hold floss between index finger and thumb of each hand.
10. Pass floss interproximally first on one side of papilla and then on other.
11. Curve floss around adjacent tooth and bring floss below gingiva.
12. Move floss using up and down motion for one stroke. Take care not to lacerate gingiva.
13. Move to clean spot on floss and continue throughout quadrant.

14. Retract tongue and cheek with mouth mirror to observe any bleeding.
15. Allow 30 seconds for inspection of area (quadrant).
16. Score bleeding if present using criteria used in appropriate form(s) in Sulcus Bleeding Index (SBI).
17. Continue flossing throughout rest of patient/client's mouth.
18. Discuss findings with dentist.
19. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Gingival Bleeding Index (GBI). Observe performance of procedures under supervision.

PRODUCT

Gingival Bleeding Index (GBI) is completed and findings are assessed, recorded and shared with patient/client.

PROCESS

All performance elements for performing Gingival Bleeding Index (GBI) are critical and must be performed in sequence.

COMPLETE PAPILLARY-MARGINAL-ATTACHED GINGIVAL INDEX (P-M-A).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Personal protective equipment (PPE)
Patient/client drape
Patient/client protective eyewear
Air/water syringe
Mouth mirror
Periodontal probe (or blunt explorer)
Pen
Appropriate recording form(s)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Papillary-Marginal-Attached Gingival Index (P-M-A) to assess and record gingival changes found in a large group for epidemiologic studies.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client is reclined position.
7. Adjust light for maximum illumination.
8. Grasp probe and mouth mirror using modified pen grasp.
9. Exam papillary, marginal and attached gingiva by gently pressing probe tip to gingiva.
10. Examine facial surfaces only. Proceed in routine order starting with maxillary right across maxillary arch and then onto mandibular arch. (Third molars are not included.)

11. Score gingival changes using following criteria:
    a. Papillary
        1) P0 is normal with no inflammation.
        2) P1+ is mild papillary engorgement with slight increase in size.
        3) P2+ is obvious increase in size of gingival papilla with bleeding on pressure.
        4) P3+ is excessive increase in size with spontaneous bleeding.
        5) P4+ is necrotic papilla.
        6) P5+ is atrophy and loss of papilla through inflammation.
    b. Marginal
        1) M0 is normal with no inflammation.
        2) M1+ is engorgement with slight increase in size and no bleeding.
        3) M2+ is obvious engorgement with bleeding upon pressure.
        4) M3+ is swollen collar with spontaneous bleeding and beginning infiltration into attached gingiva.
        5) M4+ is necrotic gingivitis.
        6) M5+ is recession of free marginal gingiva below Cementoenamel Junction (CEJ) as result of inflammatory process.
    c. Attached
        1) A0 is normal with pale rose color and stippled.
        2) A1+ is slight engorgement with loss of stippling and change in color may or may not be present.
        3) A2+ is obvious engorgement of attached gingiva with increase in redness and formation of pockets is evident.
        4) A3+ is advanced periodontitis with deep pockets evident.
12. Record gingival score.
13. Count number of papillary, marginal and attached units scored. (Keep papillary separate from marginal and separate from attached scores.)
14. Calculate P-M-A Index and record score on appropriate recording form(s) using following criteria:
    a. Mild gingivitis is one to four papillae and zero to two margins.
    b. Moderate gingivitis is four to eight papillae and two to four margins.
    c. Severe gingivitis is more than eight papillae and more than four margins.
15. Calculate P-M-A Index by totaling each for all individuals and then dividing each by number of individuals examined.
16. Discuss findings with dentist.
17. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Papillary-Marginal-Attached Gingival Index (P-M-A). Observe performance of procedures under supervision.

PRODUCT

Papillary-Marginal-Attached Gingival Index (P-M-A) is completed for an accurate assessment of gingival changes found in a large group of people.

PROCESS

All performance elements for performing Papillary-Marginal-Attached Index (P-M-A) are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Personal protective equipment (PPE)
Patient/client drape
Patient/client protective eyewear
Air/water syringe
Mouth mirror
Periodontal probe
Pen
Appropriate recording form(s)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Gingival Index (GI) to collect information which can be instrumental in assessing severity of gingival disease.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-4 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient in reclined position.
7. Adjust light for maximum illumination.
8. Dry gingiva using compressed air.
9. Examine four areas of gingiva (facial, mesial, distal, lingual) systematically for each tooth.
10. Grasp probe and mouth mirror using modified pen grasp.
11. Insert probe subgingivally approximately two millimeters starting at distal surface.
12. Move probe in circumferential direction using sweeping stroke toward mesial.

13. Score bleeding using following criteria:
    a. Numeral zero is normal gingiva.
    b. Numeral one is mild inflammation with slight change in color, slight edema and no bleeding present.
    c. Numeral two is moderate inflammation with redness, edema, glazing and bleeding on probing.
    d. Numeral three is severe inflammation, marked redness and edema with ulceration and spontaneous bleeding.
14. Calculate GI index by totaling scores and dividing by number of teeth examined.
15. Record GI score on appropriate form(s).
16. Discuss findings with dentist.
17. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Gingival Index (GI). Observe performance of procedures under supervision.

PRODUCT

Gingival Index (GI) for an assessment of patient's gingival disease and documentation of gingival changes is completed.

PROCESS

All performance elements for performing Gingival Index (GI) are critical and must be performed in sequence.

COMPLETE PERIODONTAL INDEX (PI)

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Periodontal probe
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Periodontal Index (PI) to collect information which can be instrumental in assessing periodontal disease status of a population in epidemiologic studies.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Dry gingiva using compressed air.
9. Visually examine gingiva of each tooth in systematic order using mouth mirror and periodontal probe for maximum viewing.
10. Grasp probe and mouth mirror using modified pen grasp.
11. Press gingiva with probe and observe gingival changes and periodontal breakdown.

12. Score observations using following criteria:
    a. Numeral zero is negative indicating no inflammation or loss of function.
    b. Numeral one is mild gingivitis indicating presence of observable inflammation in free gingiva that does not surround tooth.
    c. Numeral two is gingivitis indicating inflammation completely surrounds tooth with no break in epithelial attachment.
    d. Numeral six is gingivitis indicating epithelial attachment has been broken and pocket formation is evident. No interference with normal mastication is present. Tooth is firm in socket.
    e. Numeral eight is advanced indicating tooth may be loose and may have drifted. Tooth may sound dull on percussion of masticatory with metallic instrument. Tooth function may be depressible in its socket.
13. Calculate PI by totaling scores for each tooth and dividing by number of individuals examined.
14. Record scores on appropriate recording form(s).
15. Discuss findings with dentist.
16. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Periodontal Index (PI). Observe performance of procedures under supervision.

PRODUCT

Periodontal Index (PI) is completed and population in an epidemiologic study is assessed for periodontal status.

PROCESS

All performance elements for performing Periodontal Index (PI) are critical and must be performed in sequence.

COMPLETE PERIODONTAL DISEASE INDEX (PDI).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Periodontal probe
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Periodontal Disease Index (PDI) to collect information which can be instrumental in assessing periodontal status of an individual or group

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 5-10 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Dry gingiva using compressed air.
9. Select six teeth to represent six sextants (Teeth numbers 3, 9, 12, 19, 25, and 28 and only fully erupted teeth are used.)
10. Dry gingiva using compressed air.
11. Grasp periodontal probe and mouth mirror using modified pen grasp.
12. Apply gentle pressure to gingiva with probe to determine gingival status.

13. Score observations using following criteria:
    a. Numeral zero is absence of signs of inflammation.
    b. Numeral one is mild to moderate inflammatory gingival changes, not extending around tooth.
    c. Numeral two is mild to moderately severe gingivitis completely circumscribing tooth.
    d. Numeral three is severe gingivitis characterized by redness, swelling, bleeding and ulceration, not necessarily completely circumscribing tooth.
14. Assess gingival status by adding scores for all examined teeth and divide by number of teeth examined.
15. Determine crevice depth from Cementoenamel Junction (CEJ).
16. Dry gingiva using compressed air.
17. Grasp probe and mouth mirror with modified pen grasp.
18. Measure crevice or sulcus depth from CEJ to bottom of gingival crevice or pocket as described in Skill Standard 26: Measure Level of Attachment.
19. Locate two measurements at middle of facial surface and at facial aspect of mesial contact area.
20. Score observations using following criteria:
    a. Numeric range from zero to three indicates gingival crevice or pocket does not extend apical to CEJ.
    b. Numeral four indicates crevice or pocket of any two recorded areas extends three millimeters or less apical to CEJ.
    c. Numeral five indicates crevice or pocket of any two recorded areas extends from three to six millimeters apical to CEJ.
    d. Numeral six indicates crevice or pocket extends more then six millimeters apical to CEJ in any two measured areas.
21. Calculate PDI by totaling scores and dividing by number of teeth examined.
22. Record scores on appropriate recording form(s).
23. Discuss findings with dentist.
24. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Periodontal Disease Index (PDI). Observe performance of procedures under supervision.

PRODUCT

Periodontal Disease Index (PDI) is completed for assessment of a population group's prevalence and severity of gingivitis and periodontitis and for use in epidemiological studies.

PROCESS

All performance elements for performing Periodontal Disease Index (PDI) are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Subgingival explorer
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete calculus score for an evaluation of presence and extent of calculus found on patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Dry gingiva using compressed air.
9. Select six teeth to represent six sextants (teeth numbers 3, 9, 12, 19, 25, and 28 are used and four surfaces are evaluated on each of six teeth).
10. Explore six teeth using technique described in Skill Standard 31: Identify Calculus (Hard Deposits).

11. Score calculus found by using following criteria:
    a. Numeral zero indicates no calculus.
    b. Numeral one indicates supragingival calculus extends only slightly below free gingival marginal (not more than one millimeter).
    c. Numeral two indicates moderate amount of supra - and subgingival calculus, or subgingival calculus only.
    d. Numeral three indicates heavy supra - and subgingival calculus.
12. Calculate calculus score by adding scores for individual teeth and dividing by number of teeth.
13. Record scores on appropriate recording form(s).
14. Discuss findings with dentist.
15. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of calculus score. Observe the performance of procedures under supervision.

PRODUCT

Calculus score is completed for an evaluation of presence and extent of calculus found on patient/client's teeth. Findings are assessed, recorded and shared with patient/client.

PROCESS

All performance elements for performing a calculus score are critical and must be performed in sequence.

COMPLETE DENTAL PLAQUE SCORE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Disclosant solution
- Lubricant gel
- Cotton tip applicator(s)
- Plastic drinking cup
- Small plastic medicine cup
- Cotton roll(s)
- 2X2 gauze
- Saliva ejector
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete dental plaque score to evaluate extent of dental plaque on patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.

8. Select six teeth to represent six sextants. (Teeth numbers 3, 9, 12, 19, 25, and 28 are used and four surfaces are evaluated on each of six teeth).
9. Apply disclosant solution using technique as described in Skill Standard 32: Identify Dental Plaque (Soft Deposits).
10. Grasp mouth mirror using modified pen grasp and use direct and indirect vision to observe six designated teeth.
11. Score plaque found using following criteria:
    a. Numeral zero indicates is no plaque on gingival half.
    b. Numeral one indicates plaque covers less than one-third of gingival half.
    c. Numeral two indicates plaque covers one-third or less than two-thirds of gingival half.
    d. Numeral three indicates plaque covers two-thirds or more of facial or lingual surfaces of gingival half.
12. Calculate dental plaque score by adding plaque score for each tooth and dividing by number of teeth examined.
13. Record scores on appropriate recording form(s).
14. Discuss findings with dentist.
15. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of dental plaque score. Observe the performance of procedures under supervision.

PRODUCT

Dental plaque score to evaluate extent of dental plaque on patient/client's teeth is completed.

PROCESS

All performance elements for performing a dental plaque score are critical and must be performed in sequence.

COMPLETE COMMUNITY PERIODONTAL INDEX OF TREATMENT NEEDS (CPITN).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Color coded periodontal probe
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Community Periodontal Index of Treatment Needs (CPITN) to determine pocket depth, bleeding response and presence of calculus.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Select teeth to be evaluated. (For adults 20 years and older, divide dentition into sextants and evaluate all teeth; each sextant must have two functional teeth. For children and adolescents, ages 7-19, divide teeth into sextants and evaluate one tooth per sextant. (Teeth numbers 3, 8, 14, 19, 24, and 30 are used.)
9. Dry gingiva using compressed air.
10. Grasp probe and mouth mirror using modified pen grasp.

11. Insert probe into sulcus/pocket gently using technique described in Skill Standard 27: Perform Periodontal Probing.
12. Read probe.
13. Score each area probed by using following criteria:
    a. Code zero indicates healthy periodontal tissues.
    b. Code one indicates bleeding after gentle probing.
    c. Code two indicates supra-or subgingival calculus or defective margin of filling or crown.
    d. Code three indicates four millimeters or five millimeters pocket.
    e. Code four indicates six millimeters or deeper pocket.
14. Record only highest code found in each sextant.
15. Calculate scores by using following periodontal treatment needs scale:
    a. Numeral zero indicates no need for treatment (code zero).
    b. Roman numeral I indicates oral hygiene instruction (code one).
    c. Roman numeral II indicates oral hygiene instruction plus scaling and root debridement (codes two and three).
    d. Roman numeral III indicates complex periodontal therapy (I plus II) and possibility of need for surgical intervention.
16. Record CPITN on appropriate recording form(s).
17. Discuss findings with dentist.
18. Share findings with patient(s)/client(s).

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Community Periodontal Index of Treatment Needs (CPITN). Observe performance of procedures under supervision.

PRODUCT

Community Periodontal Index of Treatment Needs (CPITN) for an accurate screening of periodontal treatment needs of an individual or population is completed.

PROCESS

All performance elements for performing Community Periodontal Index of Treatment Needs (CPITN) are critical and must be performed in sequence.

COMPLETE DECAYED, MISSING AND FILLED PERMANENT TEETH (DMFT) INDEX.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Dental caries explorer
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Decayed, Missing and Filled Permanent Teeth (DMFT) Index to determine patient/client's total dental caries history.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is three minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Select teeth. Use 28 teeth and avoid third molars, unerupted teeth, congenitally missing teeth, teeth removed for reasons other then dental caries, teeth restored for reasons other then dental caries and retained primary teeth.
9. Dry teeth using compressed air.
10. Grasp explorer and mouth mirror with modified pen grasp.
11 Examine each tooth in systematic sequence using technique described in Skill Standard 37: Identify Suspicious Areas for Possible Dental Caries.

12. Score each tooth examined using following criteria and recording each tooth once:
    a. D indicates dental caries present, broken down crown, etc.
    b. M indicates an extracted tooth due to caries, tooth is indicated for extraction, etc.
    c. F indicates permanent and temporary fillings, defective filling with no recurrent decay, etc.
13. Calculate DMFT scores.
    a. For individual; total each component separately: D plus M plus F equals DMF
    b. For group, total DMFs for each individual patient/client and divide total DMF's by number of individuals examined.
    c. For specific treatment needs of group, divide total number of a specific component by total number of DMFT.
14. Record DMFT Index on appropriate recording form(s).
15. Discuss findings with dentist.
16. Share findings with patient(s)/client(s).

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Decayed, Missing and Filled Permanent Teeth (DMFT) Index. Observe performance of procedures under supervision.

PRODUCT

Decayed, Missing and Filled Permanent Teeth (DMFT) Index to determine patient/client's total dental caries history is completed.

PROCESS

All performance elements for performing Decayed, Missing and Filled Permanent Teeth (DMFT) Index are critical and must be performed in sequence.

COMPLETE DECAYED, MISSING AND FILLED TEETH (dmft or dmfs) INDEX

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Dental caries explorer
- Pen
- Appropriate recording form(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete Decayed, Missing and Filled Teeth (dmft or dmfts) Index to determine patient/client's total dental caries history.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is three minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Select teeth. For dmft, use 12 teeth (eight primary molars and four primary canines). For dmfs, use 56 surfaces (eight primary molars, which equal 40 surfaces, and four primary canines, which equal 16 surfaces).
9. Dry teeth using compressed air.
10. Grasp explorer and mouth mirror using modified pen grasp.
11. Examine each tooth in systematic sequence using technique described in Skill Standard 37: Identify Suspicious Areas for Possible Dental Caries.

12. Score each examined tooth using following criteria:
    a. Letter **d** indicates decayed tooth.
    b. Letter **m** indicates missing tooth.
    c. Letter **f** indicates filled tooth.
13. Calculate score by adding up total number of decayed, missing or filled teeth or numbered surfaces.
14. Record dmft or dmfs Index on appropriate recording form(s).
15. Discuss findings with dentist.
16. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of Decayed, Missing, and Filled (dmft or dmfs) Index. Observe performance of procedures under supervision.

PRODUCT

Decayed, Missing and Filled Teeth ((dmft or dmfs) Index to determine patient/client's total dental caries history is completed.

PROCESS

All performance elements for performing Decayed, Missing and Filled (dmft or dmfs) Index are critical and must be performed in sequence.

USE PRINCIPLES OF COMMUNICATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Facility policy and procedures

WORK TO BE PERFORMED

Work and perform as team member using principles of communication in all interactions with patients/clients, family and other members of dental team and maintain ethical and legal behavior.

PERFORMANCE CRITERIA

Principles of communication are used according to facility policy and procedures.

Skill is ongoing.

PERFORMANCE ELEMENTS

1. Verbalize factual information about dental care facility to patient/client to enhance patient/client trust in dental care being provided.
2. Use helping and assisting language to gain cooperation and trust through use of nonthreatening, assertive language.
3. Use communication to coordinate patient/client care and influence consumer satisfaction.
4. Use active listening techniques when communicating in dental care setting.
5. Integrate multicultural and multilingual needs into patient/client's treatment plan.
6. Adapt communication to address individual needs, including use of paraphrasing and translating.
7. Use open-ended questions that cannot be answered with "yes" or "no."
8. Listen and clarify what is heard.
9. Put words into situational context provided by environment, by participants in process and through nonverbal cues.
10. Clarify interpretation of communication.
11. Use nonverbal communication in positive manner.
12. Clarify nonverbal communication demonstrated by patient/client.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of communication. Observe communication between clinician and patient/client during patient/client's treatment..

PRODUCT

Professional and clear communication skills are demonstrated throughout all patient/client's treatment and are utilized with all dental team member interactions.

PROCESS

All performance elements for using principles of communication are critical. Performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

COMMUNICATE WITHIN DENTAL HEALTH CARE TEAM

IL.02.HSS.DH.60

COMMUNICATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client records
Dental care team

WORK TO BE PERFORMED

Communicate and participate in collaborative manner within scope of practice to achieve goals of dental health care team.

PERFORMANCE CRITERIA

Clinician will deem communication an essential component of dental hygiene practice and purposeful use of communication in relationships is required 100% of time.

PERFORMANCE ELEMENTS

1. Identify specific roles and accompanying tasks of members of dental care team.
2. Listen to provided diagnoses and treatment plans. Clarify information which is not understood. Request assistance and/or supervision when unsure of skill performance required.
3. Identify communication habits and performance which may be a detriment to accomplishing goals of dental care team.
4. Document any part of task not accomplished in a timely fashion along with explanation of why task was not completed.
5. Document information about condition of patient/client and results of treatments provided to patient/client.
6. Accept, request and offer help when required to meet care needs of patients/clients.
7. Display courtesy and sense of dignity to other team members and patients/clients of dental care facility.
8. Maintain confidentiality about matters encountered in dental care setting.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of communicating within dental care team. Observe behavior in dental care work environment.

PRODUCT

Professional and clear communication skills are demonstrated throughout all interactions with other dental health care team members.

PROCESS

All performance elements for communicating within dental health care team are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however a different sequence may be used.

RECOGNIZE, ASSESS AND INDIVIDUALIZE ORAL HYGIENE INSTRUCTIONS (PATIENT/CLIENT EDUCATION).

IL.02.HSS.DH.61

COMMUNICATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal Protective Equipment (PPE)
- Completed patient/client history and record
- Patient/client radiographs and/or intraoral photos
- Patient/client study models
- Patient/client drape
- Patient/client protective eyewear
- Mouth mirror
- Hand mirror
- Oral hygiene aids (e.g., floss, toothbrushes, etc.)
- Teaching aids (e.g.,models, pictures, literature, etc.)

WORK TO BE PERFORMED

Recognize and assess patient/client's current oral hygiene skills and regimen and make modifications to fit needs and skill level of patient/client to enhance and/or maintain oral health.

PERFORMANCE CRITERIA

Clinician will deem assessing, modifying and individualizing patient/client preventive program as an essential component of dental hygiene practice 100% of time.

A time limit is not appropriate for this skill. Assessing and modifying preventive program of patient/client is an ongoing skill and task that is carried out throughout treatment of patient/client.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Grasp mouth mirror using modified pen grasp.
9. Observe anatomy, alignment, occlusion, function with gingiva, tongue, cheeks and saliva to assess natural self-cleaning mechanism of patient/client.
10. Apply disclosant solution, using technique described in Skill Standard 32: Identify Dental Plaque, to locate areas of plaque retention and accumulation.

11. Seat patient/client in upright position.
12. Give patient/client hand mirror.
13. Observe plaque covered areas with patient/client.
14. Outline goals with patient/client to achieve optimal dental health for that patient/client.
15. Give patient/client oral hygiene aids and observe patient/client's technique.
16. Modify patient/client's technique as needed to enhance his/her oral hygiene preventive program.
17. Demonstrate modifications for patient/client while he/she observes in hand mirror.
18. Instruct patient/client to demonstrate new modifications for clinician.
19. Educate patient/client by utilizing his/her radiographs and study models.
    a. Teach patient/client relationship between preventive measures and clinical services.
    b. Teach patient/client why certain preventive measures were selected for him/her.
    c. Teach patient/client self-assessment methods for determining gingival health.
    d. Teach patient/client objectives for bacterial plaque control.
20. Document preventive program and oral hygiene aids and modifications in patient/client's record.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of assessing, recognizing and individualizing oral hygiene instructions for patient/client. Observe performance of procedures under supervision.

PRODUCT

An individualized preventive program, which will enhance oral health of patient/client is completed.

PROCESS

All performance elements for recognizing, assessing and individualizing oral hygiene instructions are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

ESTABLISH DENTAL HYGIENE TREATMENT PLAN.

IL.02.HSS.DH.62

COMMUNICATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Complete patient/client record

WORK TO BE PERFORMED

Establish dental hygiene treatment plan for patient/client.

PERFORMANCE CRITERIA

Time limit is not appropriate for this skill. Dental hygiene treatment plan and appointment sequence continue to be reviewed and modified throughout patient/client's treatment as needed.

PERFORMANCE ELEMENTS

1. Review patient/client's oral and dental problems.
2. Identify objectives of total treatment and anticipated state of oral health after treatment.
3. Develop, with dentist's consent, an organized dental hygiene treatment plan for patient/client that eliminates and controls etiologic and predisposing disease factors, signs and symptoms of disease; restores dentition to normal functioning; and maintains health and prevents recurrence of disease.
4. Establish, with dentist's consent, treatment services to be performed for each phase of total treatment plan, which includes:
   a. Preventive phase,
   b. Preparatory phase,
   c. Treatment phase, and
   d. Tissue maintenance during long-term therapy
5. Determine, with dentist, sequence of treatment.
6. Determine, with dentist, individual appointment sequence to include evaluation, instruction for disease control, tissue conditioning and clinical services.
7. Verbalize treatment plan to members of dental care team.
8. Verbalize importance of and reason for treatment plan to patient/client.
9. Prepare a written document in patient/client's permanent record.
10. Demonstrate ability to evaluate outcome measures to determine effectiveness of care planning effort.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of establishing a dental hygiene treatment plan. Observe performance of procedures under supervision.

PRODUCT

An organized dental hygiene treatment plan encompassing assessment, diagnosis and prognosis is established for patient/client.

PROCESS

All performance elements in establishing a dental hygiene treatment plan are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

COMPLETE DIET AND DIETARY ANALYSIS (NUTRITIONAL COUNSELING).

IL.02.HSS.DH.63

COMMUNICATION

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Complete patient/client record including histories
Patient/client food diary
Pen
Appropriate dietary analysis form(s)
Printed list of snack selections
Teaching aids
Instructive pamphlet or leaflet

WORK TO BE PERFORMED

Complete diet and dietary analysis to incorporate into patient/client's total preventive program by analyzing patient/client's diet.

PERFORMANCE CRITERIA

Time limit is not applicable for this skill. Dietary analysis and evaluation of nutritional status of patient/client occurs throughout dental care treatment.

PERFORMANCE ELEMENTS

1. Explain purpose of dietary analysis to patient/client.
2. Explain diet analysis form(s) or food diary to patient/client. Give suggestions for listing various food and use of household measurements for indicating quantity.
3. Complete current day's food diary with patient/client.
   a. Explain and demonstrate how to list daily food intake.
   b. Emphasize importance of completing record after each meal.
   c. Discuss how to record component parts of a combination dish.
   d. Emphasize importance of recording vitamin concentrations and prescribed medicines, etc.
   e. Emphasize importance of identifying where meals were eaten.
4. Receive food diary from patient/client.
5. Record additional information including:
   a. Does diary represent a typical week,
   b. Food likes and dislikes, and
   c. Allergies
6. Review food diary with patient/client.

7. Analyze food diary.
   a. Evaluate protective foods.
   b. Evaluate cariogenic foods.
   c. Evaluate consistency of diet.
8. Prepare to counsel patient/client.
   a. Define objectives.
   b. Evaluate planning factors such as patient/client time availability, commitment, etc.
   c. Identify attitude or problem areas.
   d. Select appropriate teaching aids.
9. Counsel patient/client.
   a. Review purpose of meeting.
   b. Redefine cariogenic foods.
   c. Review dental caries.
   d. Explain and discuss specific dietary recommendations.
10. Measure patient/client's progress.
    a. Complete immediate evaluation.
    b. Complete three month follow-up.
    c. Complete six month follow-up.
    d. Complete overall evaluation.
11. Document patient/client's progress and dietary recommendations on appropriate recording form(s).
12. Discuss findings with dentist.
13. Share findings with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of collecting and analyzing a patient/client food diary. Observe performance of procedures under supervision.

PRODUCT

A dietary analysis is completed for patient/client and incorporated into total preventive plan. The dietary analysis will relate to and focus on status of patient/client's periodontal tissues and skin and mucous membrane.

PROCESS

All performance elements in establishing a patient/client diet analysis are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

APPLY FLUORIDE – TRAY APPLICATION.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal Protective Equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Fluoride gel
- Graduated medicine cup
- Cotton rolls, sponges
- Saliva ejector
- Fluoride trays of appropriate size
- Timer or clock
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Apply topical fluoride preparations in properly fitting tray as part of patient/client's total preventive program.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 5-6 minutes.

PERFORMANCE ELEMENTS

1. Explain purpose and procedure of topical fluoride applications to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in upright position.
7. Adjust light for maximum illumination.
8. Select appropriately sized fluoride tray.
   a. Use mouth mirror; observe if entire dentition is covered with tray.
   b. Use mouth mirror; observe if tray is deep enough to cover cervical third of teeth.

9. Measure two milliliters (no more than two and one-half milliliters) of fluoride gel in graduated medicine cup per arch.
10. Load tray with fluoride.
11. Ask patient/client to expectorate or swallow to clear mouth.
12. Dry teeth using compressed air starting with maxillary lingual surfaces and continuing with maxillary facial surfaces, mandibular facial surfaces and mandibular lingual surfaces.
13. Insert tray promptly into patient/client's mouth.
14. Press trays against teeth, starting with occlusal surfaces and continuing with facial and lingual surfaces.
15. Place cotton roles over premolar teeth and ask patient/client to bite down.
16. Insert saliva ejector into patient/client's mouth.
17. Set timer to appropriate time according to fluoride manufacturers' recommendations.
18. Remove trays from patient/client's mouth.
19. Ask patient/client to expectorate or reinsert saliva ejector into patient/clients mouth to remove excess fluoride.
20. Document in patient/client's record fluoride preparation used.
21. Review postoperative instructions with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of topical fluoride tray application. Observe performance of procedures under supervision.

PRODUCT

Fluoride is applied using tray application to reduce incidence of caries formation as part of total preventive program.

PROCESS

All performance elements for performing topical fluoride tray application are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Fluoride gel
- Cotton tip applicator(s)
- Cotton rolls of proper length
- Cotton roll holders of appropriate size
- Cotton pliers (forceps)
- Saliva absorbers (bibulous pad)
- Graduated medicine cup
- Mouth prop (if needed)
- Timer/clock
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Apply topical fluoride preparations using paint-on technique as part of patient/client's total preventive program.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 5-6 minutes (per side).

PERFORMANCE ELEMENTS

1. Explain to patient/client purpose and procedure of topical fluoride applications.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in upright position.
7. Adjust light for maximum illumination.

8. Prepare cotton rolls.
   a. Cut cotton rolls to appropriate size.
   b. Attach longer five to six inch cotton roll to facial prong of cotton roll holder.
   c. Attach shorter one and one fourth to two inch cotton roll to lingual prong of cotton roll holder.
9. Dispense two milliliters (no more than two and one-half milliliters) of fluoride gel into graduated medicine cup.
10. Isolate teeth.
    a. Place a single cotton roll under tongue.
    b. Insert holder over mandibular teeth and adjust holder to proper position.
    c. Place lingual cotton roll beside and under lateral margin of tongue.
    d. Adjust chin clamp on cotton roll holder.
11. Insert saliva ejector.
12. Adjust long cotton roll to curve up onto maxillary arch. Adjust cotton roll(s) to expose teeth.
13. Dry teeth using compressed air.
14. Insert saliva ejector into patient/client's mouth.
15. Set timer to appropriate time according to fluoride manufacturers' recommendations.
16. Apply fluoride gel.
    a. Hold graduated medicine cup under patient/client's chin or instruct patient/client to hold it for you.
    b. Apply gel quickly by painting on gel with cotton tip applicator(s) starting with mandibular teeth and continuing with maxillary teeth.
    c. Continue to paint on fluoride, keeping teeth wet.
17. Remove saliva ejector.
18. Remove cotton-roll holder.
    a. Release chin clamp.
    b. Remove remaining cotton rolls with cotton pliers.
    c. Wipe teeth with gauze or sponge.
19. Instruct patient/client to expectorate.
20. Document in patient/client's record fluoride preparation used.
21. Review postoperative instructions with patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of topical fluoride paint-on application. Observe performance of procedures under supervision.

PRODUCT

Topical fluoride is applied using paint-on technique to reduce incidence of caries formation as part of total preventive program.

PROCESS

All performance elements for performing topical fluoride paint-on application are critical and must be performed in sequence.

INSTRUCT PATIENT/CLIENT TO USE SELF-APPLIED FLUORIDE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Hand mirror
- Drinking cup
- Toothbrush
- Fluoride preparation
- Custom made fluoride tray
- Timer or clock
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety and Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Instruct patient/client to use self-applied fluoride as part of total preventive program.

PERFORMANCE CRITERIA

Time limit is not appropriate for this skill. Instructions given to patient/client on how to apply self-applied fluoride will vary from person to person.

PERFORMANCE ELEMENTS

1. Explain to patient/client the purpose and procedure of self-applied fluoride applications.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in upright position.
7. Adjust light for maximum illumination.
8. Give patient/client hand mirror.
9. Determine fluoride delivery system to be used by patient/client.

10. Determine fluoride preparation to be utilized by patient/client and frequency to be used.
11. Instruct patient/client to brush and floss prior to fluoride application.
12. Demonstrate type of delivery system to be used: tray technique, mouthrinse or fluoride dentifrice (tooth brushing).
13. Teach patient/client fluoride safety.
14. Instruct patient/client to demonstrate fluoride application technique while still in dental care facility.
15. Make any necessary modifications.
16. Document in patient/client's record delivery system and fluoride preparation recommended.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of instructing patient/client to use self-applied fluoride preparations. Observe performance of procedures under supervision.

PRODUCT

As part of total preventive program, clear and precise instructions are given and demonstrated for patient/client on self-application of fluoride preparations.

PROCESS

All performance elements for performing instructing patient/client to use self-applied fluoride are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

ADMINISTER TOPICAL FLUORIDE RINSE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Graduated medicine cup
- Saliva ejector
- Timer or clock
- Fluoride preparation (liquid)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Administer topical fluoride rinse as part of patient/client's total preventive program.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is two minutes.

PERFORMANCE ELEMENTS

1. Explain purpose of procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in upright position.
7. Adjust light for maximum illumination.
8. Dispense fluoride rinse into graduated medicine cup following manufacturers' recommendation.
9. Instruct patient/client to rinse with water or expectorate to clear mouth.
10. Give fluoride rinse to patient/client.
11. Instruct patient/client to swish liquid for one minute covering all surfaces of teeth.

12. Instruct patient/client to expectorate after one minute.
13. Insert saliva ejector to clear excess fluoride.
14. Document in patient/client chart fluoride delivery system used and type and amount of fluoride administered.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of administering a topical fluoride rinse. Observe performance of procedures under supervision.

PRODUCT

Topical fluoride rinse to reduce incidence of caries formation is administered as part of total preventive program.

PROCESS

All performance elements for administering topical fluoride rinse are critical and must be performed in sequence.

APPLY DENTAL SEALANTS.

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APPLICATION OF CARIES PREVENTIVE AGENTS

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Acid etch and applicator
- Sealant material and applicator
- Cotton roll(s) and sponge(s)
- Toothbrush
- Dental floss
- Articulating paper
- Visible light (if using photopolymerization material)
- Caries explorer
- Saliva ejector
- Timer
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Apply dental sealants to act as physical barrier to prevent dental caries.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is ten minutes; however, time may vary due to number of teeth involved in procedure.

PERFORMANCE ELEMENTS

1. Explain purpose and procedure of dental sealants to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.

8. Identify possible teeth to be sealed.
9. Grasp mouth mirror and caries explorer using modified pen grasp.
10. Explore for carious lesions using technique as described in Skill Standard 37: Identify Suspicious Areas for Possible Dental Caries.
11. Prepare tooth surface to be sealed.
    a. Brush tooth surface using toothbrush and water to remove debris.
    b. Use explorer to remove bacteria or plaque from pits and fissures.
    c. Use high speed suction to clear debris from pits and fissures.
12. Isolate teeth.
    a. Insert saliva ejector into patient/client's mouth.
    b. Position cotton rolls to isolate teeth and maintain a dry field.
13. Dry teeth using compressed air.
14. Apply acid etch.
    a. Use applicator (e.g., brush, cotton pellet, etc.) to apply etching to tooth surface to be sealed.
    b. Time procedure for 20 seconds.
15. Rinse etched surface with water for approximately 30 seconds.
    a. Evacuate excess water from area.
    b. Maintain a dry field by replacing saturated cotton rolls and using compressed air.
16. Apply sealant.
    a. Use applicator to apply sealant material to tooth surface.
    b. Allow material to flow into pit and fissures of tooth.
    c. Time procedure according to manufacturers' instructions.
    d. Cure material according to manufacturers' instructions.
17. Check sealant.
    a. Check for voids following criteria as outlined in Skill Standard 37.
    b. Test for retention around margin with explorer.
    c. Check occlusion using articulating paper.
18. Document in patient/client's record teeth and surfaces filled with sealant material and type of material used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of dental sealant placement. Observe perf rmance of procedures under supervision.

PRODUCT

Dental sealants to reduce incidence of caries formation are applied as part of patient/client's total preventive program.

PROCESS

All performance elements for applying dental sealants are critical and must be performed in sequence.

SHARPEN CURETTES AND SCALERS USING FLAT, STATIONARY STONE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Dental operatory
- Personal protective equipment (PPE)
- Adequate lighting
- Flat, stable work surface (counter or bench)
- Sharpening stone
- Sharpening lubricant
- Gauze sponge(s)
- Magnifying glass
- Dull curettes and scalers
- Small scrub brush
- Ultrasonic cleaner
- Test stick
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Sharpen curettes and scalers using flat, stationary stone to preserve their original shape while restoring sharp edge.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies as evaluating, sharpening and maintaining of cutting edge of curette and scaler is completed on a regular basis and whenever indicated during patient/client treatment.

PERFORMANCE ELEMENTS

1. Determine when sharpening of curettes and scalers is needed.
2. Wash hands.
3. Don PPE.
4. Prepare sharpening stone by spreading a thin amount of lubricant over stone.
5. Place stone on flat work surface following manufacturers' instructions.
6. Evaluate cutting edge of instrument.
   a. Use plastic test stick.
   b. Hold instrument using modified pen grasp and establish a secure finger rest.
7. Place cutting edge of instrument on stone creating a 110-degree angle between face of instrument and stone.

8. Move instrument forward starting at heel and use overlapping strokes. Turn instrument continuously, maintaining correct angulation, until tip is reached. Maintain original design of curette and scaler.
9. Wipe off excess oil and sludge from instrument using paper towel or sponge.
10. Test for sharpness of curette and scaler using test stick.
11. Evaluate integrity of curette and scaler. Determine total reduction of instrument's working end and monitor flexibility of blade with slight to moderate pressure.
12. Maintain sharpening stone.
    a. Submerge stone in ultrasonic cleaner or scrub stone with soap and hot water.
    b. Store stone in sealed, sterilized package.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of instrument sharpening using a flat, stationary stone. Observe the performance of procedures under supervision.

PRODUCT

Curettes and scalers are sharpened using a flat, stationary stone and sharp edges are restored.

PROCESS

All performance elements for sharpening curettes and scalers using a flat, stationary stone are critical and must be performed in sequence.

SHARPEN CURETTES AND SCALERS USING FLAT, MOVING STONE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Adequate lighting
Flat, stable work surface (counter or bench)
Sharpening stone
Sharpening lubricant
Gauze sponge(s)
Magnifying glass
Dull curettes and scalers
Small scrub brush
Ultrasonic cleaner
Test stick
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Sharpen curettes and scalers using flat, moving stone to preserve their original shape while restoring sharp edge.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies as evaluating, sharpening and maintaining of cutting edge of dental instruments is completed on a regular basis and whenever indicated during patient/client treatment.

PERFORMANCE ELEMENTS

1. Determine when sharpening of instrument is needed.
2. Wash hands.
3. Don PPE.
4. Prepare sharpening stone by spreading a thin amount of lubricant over surface of stone.
5. Evaluate cutting edges of instrument to be sharpened.
   a. Examine cutting edge of instrument under adequate light using magnifying glass.
   b. Use plastic testing stick.
6. Grasp instrument using palm grasp in nondominant hand and stabilize instrument against edge of work surface.

7. Hold face of instrument parallel to floor. Point toe toward clinician.
8. Hold stone in dominant hand and, in vertical position, apply stone to heel of instrument.
9. Place cutting edge of instrument on stone creating a 110-degree angle between face of instrument and stone.
10. Move stone up and down following cutting edge of instrument from heel to tip. Adjust to variation of tip (toe versus point); end on a down stroke.
11. Wipe off excess oil and sludge from instrument using paper towel or sponge.
12. Test for sharpness of curette and scaler using a test stick.
13. Evaluate integrity of curette and scaler. Determine total reduction of instrument's working end and monitor flexibility of blade with slight to moderate pressure.
14. Maintain sharpening stone.
    a. Submerge stone in ultrasonic cleaner or scrub stone with soap and hot water.
    b. Store stone in sealed, sterilized package.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of instrument sharpening using a flat moving stone. Observe the performance of procedures under supervision.

PRODUCT

Curettes and scalers are sharpened using a flat, moving stone and sharp edges are restored.

PROCESS

All performance elements for sharpening curettes and scalers using a flat, moving stone are critical and must be performed in sequence.

SHARPEN CURETTES AND SCALERS USING MANDREL MOUNTED STONE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Dental operatory
- Personal protective equipment (PPE)
- Adequate lighting
- Flat, stable work surface (counter or bench)
- Sharpening stone
- Sharpening lubricant
- Gauze sponge(s)
- Magnifyi ng glass
- Dull curettes and scalers
- Small scrub brush
- Ultrasonic cleaner
- Test stick
- Motor-driven, slow-speed handpiece
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Sharpen curettes and scalers using mandrel mounted stone to preserve their original shape while restoring sharp edge.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies as evaluating, sharpening and maintaining of cutting edge of dental instrument is completed on a regular basis and whenever indicated during patient/client treatment.

PERFORMANCE ELEMENTS

1. Determine when sharpening of i nstrument is needed.
2. Wash hands.
3. Don PPE.
4. Select sharpening stone by determining stone diameter appropriate to fit instrument blade.
5. Prepare sharpening stone by attaching stone to slow-speed handpiece and applying lubricant to stone.

6. Evaluate cutting edges of instrument to be sharpened.
   a. Examine cutting edge of instrument under adequate light using a magnifying glass.
   b. Use a test stick.
7. Hold instrument in nondominant hand with blade face up and stabilize hand against work surface.
8. Grasp handpiece in dominant hand with a palm grasp and establish a secure finger rest.
9. Apply stone to blade face. Use light even pressure to s harpen both cutting edges simultaneously.
10. Wipe off excess oil and sludge from instrument with paper towel or sponge.
11. Test for sharpness of curette and scaler using a test stick.
12. Evaluate integrity of curette and scaler. Determine total reduction of instrument's working end and monitor flexibility of blade with slight to moderate pressure.
13. Maintain sharpening stone.
    a. Submerge stone in ultrasonic cleaner or scrub stone with soap and hot water.
    b. Store stone in sealed, sterilized package.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of instrument sharpening using a mandrel mounted stone. Observe the performance of procedures under supervision.

PRODUCT

Curettes and scalers are sharpened using a mandrel mounted stone and sharp edges are restored.

PROCESS

All performance elements for sharpening curettes and scalers using a mandrel mounted stone are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Adequate lighting
Flat, stable work surface (counter or bench)
Sharpening stone
Sharpening lubricant
Gauze sponge(s)
Magnifying glass
Dull hoe scaler
Small scrub brush
Ultrasonic cleaner
Test stick
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Sharpen hoe scaler to preserve original shape and design while restoring sharp edge.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies as evaluating, sharpening and maintaining of cutting edge of dental instrument is completed on a regular basis and whenever indicated during patient/client treatment.

PERFORMANCE ELEMENTS

1. Determine when sharpening of instrument is needed.
2. Wash hands.
3. Don PPE.
4. Prepare sharpening stone by applying a small amount of lubricant on stone and placing it onto a flat work surface.
5. Evaluate cutting edge of instrument to be sharpened.
   a. Examine cutting edge of instrument under adequate light using magnifying glass.
   b. Use test stick.
6. Hold instrument in dominant hand using modified pen grasp and establish a secure finger rest.

7. Place surface of hoe scaler to be ground onto lubricated stone.
8. Move instrument by pulling instrument toward cutting edge.
9. Release pressure and push instrument back.
10. Repeat steps 7 and 8 as needed.
11. Round corners of hoe scaler. Direct corners of cutting edge inward and move instrument across stone.
12. Wipe excess oil and sludge from instrument with paper towel or sponge.
13. Test for sharpness of hoe scaler using test stick.
14. Evaluate integrity of hoe scaler. Determine total reduction of instrument's working end and monitor flexibility of blade with slight to moderate pressure.
15. Maintain sharpening stone.
    a. Submerge stone in ultrasonic cleaner or scrub stone with soap and hot water.
    b. Store stone in sealed, sterilized package.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of sharpening hoe scaler. Observe the performance of procedures under supervision.

PRODUCT

Hoe scaler is sharpened.

PROCESS

All performance elements for sharpening a hoe scaler are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Adequate lighting
Flat, stable work surface (counter or bench)
Sharpening stone
Sharpening lubricant
Gauze sponge(s)
Magnifying glass
Dull chisel scaler
Small scrub brush
Ultrasonic cleaner
Test stick
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Sharpen chisel scaler to preserve original shape and design while restoring cutting edge.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies as evaluating, sharpening and maintaining of cutting edge of dental instrument is completed on a regular basis and whenever indicated during patient/client care.

PERFORMANCE ELEMENTS

1. Determine when sharpening of instrument is needed.
2. Wash hands.
3. Don PPE.
4. Prepare sharpening stone by applying a small amount of lubricant on stone and placing it ont o a flat work surface.
5. Evaluate cutting edge of instrument to be sharpened.
   a. Examine cutting edge of instrument under adequate light using a magnifying glass.
   b. Use a test stick.
6. Hold chisel scaler with dominant hand using modified pen grasp and establish a secure finger rest.

7. Place surface to be ground onto lubricated stone. Maintain original 45-degree bevel.
8. Move instrument across stone (toward cutting edge) several times.
9. Round corners of chisel scaler by directing corners of cutting edge inward and moving instrument across stone.
10. Wipe excess oil and sludge from instrument with paper towel or sponge.
11. Test for sharpness of chisel scaler using a test stick.
12. Evaluate integrity of chisel scaler. Determine total reduction of instrument working end and monitor flexibility of blade with slight to moderate pressure.
13. Maintain sharpening stone.
    a. Submerge stone in ultrasonic cleaner or scrub stone with soap and hot water.
    b. Store stone in sealed, sterilized package.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of sharpening chisel scaler. Observe the performance of procedures under supervision.

PRODUCT

Chisel scaler is sharpened.

PROCESS

All performance elements for sharpening a chisel scaler are critical and must be performed in sequence.

SHARPEN EXPLORER

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Adequate lighting
Flat, stable work surface (counter or bench)
Sharpening stone
Sharpening lubricant
Gauze sponge(s)
Magnifying glass
Dull explorer
Small scrub brush
Ultrasonic cleaner
Test stick
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Sharpen explorer to preserve original shape and design while restoring sharp point.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies as evaluating, sharpening and maintaining of point of dental explorer is completed on a regular basis and whenever indicated during patient/client treatment.

PERFORMANCE ELEMENTS

1. Determine when sharpening of instrument is needed.
2. Wash hands.
3. Don PPE.
4. Prepare sharpening stone by applying a small amount of lubricant on stone.
5. Evaluate point to be sharpened.
   a. Examine point under adequate light using magnifying glass.
   b. Use test stick.
6. Hold explorer with dominant hand using modified pen grasp and establish a secure finger rest on side of stone.
7. Hold stone in nondominant hand and stabilize hand against work area.
8. Place side of tip on stone at a 15 to 20-degree angle.

9. Move explorer tip over surface of stone. Rotate handle throughout movement.
10. Wipe excess oil and sludge from explorer tip using paper towel or gauze sponge.
11. Test for sharpness of explorer using test stick.
12. Evaluate integrity of explorer. Determine total reduction of explorer's end.
13. Maintain sharpening stone.
    a. Submerge stone in ultrasonic cleaner or scrub stone with soap and hot water.
    b. Store stone in sealed, sterilized package.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of sharpening explorer. Observe the performance of procedures under supervision.

PRODUCT

Explorer is sharpened and a sharp point is restored.

PROCESS

All performance elements for sharpening an explorer are critical and must be performed in sequence.

SHARPEN PERIODONTAL FILE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dental operatory
Personal protective equipment (PPE)
Adequate lighting
Flat, stable work surface (counter or bench)
Tang sharpening file
Magnifying glass
Dull periodontal file
Small scrub brush
Ultrasonic cleaner
Test stick
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Sharpen periodontal file to preserve original shape and design while restoring cutting edge(s).

PERFORMANCE CRITERIA

Skill is performed throughout treatment at 100% accuracy.

Time required to complete the skill varies as evaluating, sharpening and maintaining of cutting edge of dental instrument is completed on a regular basis and whenever indicated during patient/client care.

PERFORMANCE ELEMENTS

1. Determine when sharpening of instrument is needed.
2. Wash hands.
3. Don PPE.
4. Evaluate cutting edge(s) to be sharpened.
   a. Examine cutting edge under adequate light using a magnifying glass.
   b. Use test stick.
5. Hold periodontal file with nondominant hand and stabilize spine of periodontal file against flat working area. Hold blade face of file parallel to floor.
6. Grasp Tang sharpening file with dominant hand.
7. Insert Tang file into groove between first and second teeth of periodontal file (e.g., groove nearest toe of periodontal file).

8. Move Tang sharpening file across vertical surface of each tooth of periodontal file using a push-pull stroke.
   a. Use caution to remove metal from vertical surface(s) only.
   b. Use equal pressure throughout procedure.
   c. Hold Tang file stationary and rock instrument back and forth if blade of periodontal file is cylindrical.
9. Test for sharpness of periodontal file using test stick.
10. Evaluate integrity of periodontal file. Determine total reduction of instrument's working end and monitor flexibility of file with slight to moderate pressure.
11. Maintain Tang file.
    a. Submerge file in ultrasonic cleaner or scrub file with soap and hot water.
    b. Store file in sealed, sterilized package.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of sharpening periodontal file. Observe the performance of procedures under supervision.

PRODUCT

Periodontal file is sharpened and cutting edge(s) is restored.

PROCESS

All performance elements for sharpening a periodontal file are critical and must be performed in sequence.

MAINTAIN ULTRASONIC UNIT AND TIP

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Dental operatory
- Personal protective equipment (PPE)
- Adequate lighting
- Magnifying glass
- Ultrasonic unit
- Ultrasonic tip insert
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Maintain ultrasonic unit and tip.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill varies as evaluating and maintaining of ultrasonic tip is completed on a regular basis.

PERFORMANCE ELEMENTS

1. Determine proper maintenance of and sterilization method for ultrasonic tip.
2. Wash hands.
3. Don PPE.
4. Evaluate ultrasonic tip using adequate lighting and a magnifying glass.
   a. Examine inserts for signs of wear.
   b. Examine handles for signs of cracking or leaking.
   c. Examine stack for warping. Check to see if metal strips are separating.
   d. Examine O-rings for wear.
   e. Examine tip for damage (i.e., bending and distortion).
5. Set up ultrasonic unit.
   a. Run water through tubing of ultrasonic unit for two minutes prior to use.
   b. Insert tip into handle.
   c. Tune unit according to manufacturers' specifications. Set unit at lowest effective power setting.
   d. Adjust water to maximum mist. Prevent overheating of tip insert.
6. Clean and sterilize ultrasonic tip following performance elements as outlined in Skill 11.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of ultrasonic tip maintenance. Observe the performance of procedures under supervision.

PRODUCT

Ultrasonic unit and tip are maintained.

PROCESS

All performance elements for maintaining ultrasonic unit and tip are critical. Performance elements are numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

PERFORM SUPRAGINGIVAL SCALING.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client record and histories
- Personal Protective Equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Cotton rolls and gauze sponges
- Calculus explorer
- Sickle scaler, curette, hoe or chisel
- Completed calculus/plaque and periodontal evaluation(s) (chartings) and radiographs
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Perform supragingival scaling to remove bacterial plaque, calculus and stain from crowns of patient/client's teeth using hand instrumentation methods.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of debris to be removed and severity of gingival or periodontal disease present.

PERFORMANCE ELEMENTS

1. Review patient/client's records and histories.
2. Review patient/client's radiographs and chartings.
3. Determine treatment sequence.
4. Explain procedure to patient/client.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.
9. Position patient/client in reclined position.
10. Adjust light for maximum illumination.

11. Dry area to be treated using compressed air. Use cotton rolls or gauze sponges to keep area dry.
12. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish finger rest.
13. Use explorer to determine location of debris and need for instrumentation. Establish finger rest.
14. Identify correct working end of scaler.
15. Grasp scaler with dominant hand using modified pen grasp. Establish finger rest.
16. Adapt blade to surface to be treated. Apply blade beneath deposit.
    a. Create a 60 to 80-degree angle from blade face to tooth surface when using sickle scaler or curette.
    b. Keep full width of cutting edge in contact with calculus when using hoe scaler and chisel scaler.
17. Activate instrument by tightening grasp and maintaining cutting edge on tooth surface. Use adequate lateral pressure with short, smooth working strokes in various directions.
    a. Hold instrument in place, lighten grasp and return instrument to original position and repeat working stroke.
    b. Repeat strokes until tooth surface is clean.
18. Rinse debris from area with water and suction. Examine surface with explorer and compressed air.
19. Repeat scaling (working) strokes as needed.
20. Give post-operative instructions to patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of supragingival scaling. Observe performance of procedures under supervision.

PRODUCT

Supragingival scaling is performed to remove bacterial plaque, calculus and stains from supragingival surfaces of teeth.

PROCESS

All performance elements for performing supragingival scaling are critical and must be performed in sequence.

PERFORM SUBGINGIVAL SCALING.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client records and histories
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Cotton rolls and gauze sponges
- Calculus explorer
- Curettes (universal and area-specific)
- Completed calculus/plaque and periodontal evaluation(s) (chartings) and radiographs
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Perform subgingival scaling to remove bacterial plaque and calculus from subgingival areas of patient/client's teeth using hand instrumentation methods.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of debris to be removed and severity of gingival or periodontal disease present.

PERFORMANCE ELEMENTS

1. Review patient/client's records and histories.
2. Review patient/client's radiographs and chartings.
3. Determine treatment sequence.
4. Explain procedure to patient/client.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.
9. Position patient/client in reclined position.
10. Adjust light for maximum illumination.

11. Dry area to be treated with compressed air. Use cotton rolls or gauze sponges to keep area dry.
12. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish finger rest.
13. Use explorer to determine location of calculus and need for instrumentation. Establish finger rest.
14. Identify correct working end of curette.
15. Grasp curette with dominant hand using modified pen grasp. Establish finger rest.
16. Adapt blade to surface to be treated.
    a. Hold blade face to tooth creating a 60 to 80 degree angle.
    b. Note relationship of handle, finger rest, blade and tooth.
17. Insert blade subgingivally.
    a. Close blade face angle to zero degrees.
    b. Perform exploratory stroke pointing tip of curette subgingivally.
    c. Maintain tip to tooth contact. Pass surface of deposit with tip of curette. Continue until base of pocket is reached.
    d. Open blade to 60 to 80 degrees.
18. Activate instrument. Tighten grasp and maintain cutting edge on tooth surface. Use adequate lateral pressure with short, smooth working strokes in various directions.
    a. Hold instrument in place, lighten grasp and reinsert instrument to original subgingival position. Repeat working stroke.
    b. Repeat strokes until subgingival tooth surface is clean.
19. Examine surface with explorer and compressed air.
20. Repeat scaling (working) strokes as needed.
21. Give postoperative instructions to patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of subgingival scaling. Observe performance of procedures under supervision.

PRODUCT

Subgingival scaling is performed with minimum trauma to gingival tissues to remove bacterial plaque and calculus from subgingival areas.

PROCESS

All performance elements for performing subgingival scaling are critical and must be performed in sequence.

PERFORM ROOT DEBRIDEMENT.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client records and histories
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Cotton rolls or gauze sponges
- Calculus explorer
- Curettes (fine and longer-terminal shank curettes)
- Completed calculus/plaque and periodontal evaluation(s) (chartings) and radiographs
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Perform root debridement to remove residual calculus and necrotic cementum from root surfaces of patient/client's teeth using hand instrumentation methods.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of debris to be removed and severity of periodontal disease.

PERFORMANCE ELEMENTS

1. Review patient/client's records and histories.
2. Review patient/client radiographs and chartings.
3. Determine treatment sequence.
4. Explain procedure to patient/client.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.
9. Position patient/client in reclined position.
10. Adjust light for maximum illumination.

11. Dry area to be treated with compressed air. Use cotton rolls or gauze sponges to keep area dry.
12. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish finger rest.
13. Use explorer to determine location of residual calculus or necrotic cementum, using modified pen grasp. Establish finger rest.
14. Identify correct working end of curette.
15. Grasp curette with dominant hand using modified pen grasp. Establish finger rest.
16. Adapt blade to surface to be treated.
    a. Hold blade face to tooth creating a 60- to 80- degree angle.
    b. Note relationship of handle, finger rest blade and tooth.
17. Insert blade subgingivally.
    a. Close blade angle to zero degrees.
    b. Perform exploratory stroke pointing tip of curette subgingivally.
    c. Maintain tip to tooth contact. Continue until base of pocket is reached.
    d. Open blade to 60 to 80 degrees.
18. Activate instrument. Use light lateral pressure with long overlapping strokes in various directions.
    a. Hold instrument in place, lighten grasp and reinsert instrument to original subgingival position.
    b. Repeat root debridement strokes as needed.
19. Examine root surface with explorer.
20. Repeat root debridement procedure if needed.
21. Give patient/client postoperative instructions.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of root debridement. Observe performance of procedures under supervision.

PRODUCT

Root debridement is performed and residual calculus and necrotic cementum is removed from periodontal pockets causing minimal trauma to sulcular epithelium and gingival tissues.

PROCESS

All performance elements for performing root debridement are critical and must be performed in sequence.

USE ULTRASONIC AND SONIC SCALERS

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client records and histories
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Cotton rolls/gauze sponges
- Suction tip
- Calculus explorer
- Ultrasonic unit including handpiece and insert
- Completed calculus/plaque and periodontal evaluation(s) (chartings) and radiographs
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use ultrasonic and sonic scalers to remove deposits, retained cement or other substance from patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of debris to be removed and severity of gingival or periodontal disease present.

PERFORMANCE ELEMENTS

1. Review patient/client's records and histories.
2. Review patient/client's radiographs and chartings.
3. Determine treatment sequence.
4. Explain procedure to patient/client. Demonstrate use of sound and spray from ultrasonic unit.
5. Advise patient/client to turn off hearing devices.

6. Drape patient/client.
7. Give patient/client protective eyewear.
8. Wash hands.
9. Don PPE.
10. Position patient/client in supine position.
11. Adjust light for maximum illumination.
12. Dry area to be treated with compressed air. Use cotton rolls or gauze sponges to keep area dry.
13. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish finger rest.
14. Use explorer to determine location of calculus and need for instrumentation. Establish finger rest.
15. Use adequate suction throughout procedure.
16. Grasp ultrasonic handpiece with dominant hand using modified pen grasp. Establish finger rest.
17. Bring instrument to position before activating water spray.
18. Hold side of instrument parallel with long axis of tooth. Use no more than a 15-degree angle with tooth surface.
19. Activate instrument by pressing foot pedal. Keep instrument in motion at all times. Use caution that treatment area is constantly sprayed with water.
20. Brush instrument tip lightly over deposit. Move in diagonal or vertical direction using overlapping strokes. Apply no more than six stokes per spot.
21. Examine surface with explorer and compressed air.
22. Give patient/client postoperative instructions.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles or using ultrasonic and sonic scalers. Observe performance of procedures under supervision.

PRODUCT

Ultrasonic and sonic scalers are used to remove deposits, retained cement or other substance from teeth.

PROCESS

All performance elements for performing ultrasonic and sonic instrumentation methods are critical and must be performed in sequence.

COMPLETE SUBGINGIVAL IRRIGATION.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client chart
- Patient/client drape
- Patient/client protective eyewear
- Mouth mirror
- Disposable hand syringe and cannula
- Suction tip
- Delivery tip(s)
- Sharps container
- Irrigating solution
- Power-driven oral irrigating device and handle
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Complete subgingival irrigation for cleansing or therapeutic purposes.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is ten minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Prepare irrigation device following manufacturers' recommendations.
7. Use adequate suction throughout procedure.
8. Grasp mouth mirror with nondominant hand using modified pen grasp.
9. Determine appropriate irrigation method.
10. Determine appropriate areas for irrigation.
11. Set up device following manufacturers' recommendations.

Power-driven oral irrigating device method

12. Set unit pressure at lowest setting.
13. Hold irrigating device handle with dominant hand using modified pen grasp.
14. Angle tip at or below gingival margin.
15. Activate flow of solution into designated area for five to six seconds.
16. Stop flow of solution. Move to next designated area.

Disposable cannula/hand syringe delivery method

17. Prepare solution in hand syringe.
18. Place opening of hand syringe into solution. Pull back on plunger until syringe is full of irrigating solution.
19. Prepare cannula. Attach to syringe. Remove cap and bend cannula slightly.
20. Insert cannula subgingivally.
21. Release irrigating solution into pocket slowly.
22. Allow irrigating solution to fill pocket.
23. Apply solution circumferentially around each designated tooth.
24. Dispose of cannula into designated sharps container.
25. Use suction tip to remove excess solution.
26. Give postoperative instructions.
27. Record in patient/client's chart areas irrigated, solution used and delivery method used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of subgingival irrigation. Observe performance of procedures under supervision.

PRODUCT

Subgingival irrigation is completed for cleansing or therapeutic purposes.

PROCESS

All performance elements for performing subgingival irrigation are critical and must be performed in sequence.

USE SLOW-RELEASE CHEMOTHERAPEUTIC AGENT.

IL.02.HSS.DH.82

INSTRUMENTATION AND DENTAL HYGIENE TREATMENT

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal Protective Equipment (PPE)
- Patient/client records and histories
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Cotton rolls and gauze sponges
- Cotton forceps
- Slow-release chemotherapeutic agent
- Cyanoacrylate adhesive bond (use with fibers)
- Disposable syringe and cannula
- Cord packing instrument or periodontal probe
- Completed calculus/plaque and periodontal evaluation(s) (charting) and radiographs.
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use slow-release chemotherapeutic agent in periodontal pocket.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to number of sites treated, method used, and severity of periodontal disease present.

PERFORMANCE ELEMENTS

1. Review patient/client's records and histories.
2. Review patient/client's radiographs and chartings.
3. Determine delivery method and preparation to be used.
4. Explain procedure to patient/client.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.

9. Position patient/client in reclined position.
10. Adjust light for maximum illumination.
11. Dry area to be treated with compressed air. Use cotton rolls or gauze sponges to keep area dry.
12. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish finger rest.
13. Use explorer to determine location and topography of pocket to be treated.
14. Prepare slow-release chemotherapeutic device following manufacturers' instructions.

Nonbiodegradable chemotherapeutic agent: fiber

15. Remove fiber from package using cotton forceps.
16. Seat one end of fiber at base of pocket using periodontal probe or cord packing instrument.
17. Pack fiber according to manufacturers' instructions.
18. Dry marginal gingiva with compressed air.
19. Apply cyanoacrylate adhesive to form bond over fiber and marginal tissue.
20. Remove fiber approximately 10 days after placement.
21. Repeat steps 1-13.
22. Remove fiber from treated area very slowly using cotton forceps.
23. Carefully explore pocket area to confirm total removal of fiber.
24. Apply gentle pressure to gingival margin with gauze sponge(s) for two minutes.

Biodegradable chemotherapeutic agent: gel

25. Use a disposable syringe and cannula to deliver chemotherapeutic gel.
26. Prepare cannula. Bend slightly.
27. Insert cannula subgingivally.
28. Release agent into periodontal pocket or designated treatment area(s).
29. Dispose of cannula in designated sharps container.

Biodegradable chemotherapeutic agent: chip

30. Remove chip from packet using cotton forceps.
31. Insert chip into periodontal pocket according to manufacturers' recommendations.
32. Use cord packing instrument or periodontal probe to insert chip further into position if necessary.
33. Give patient/client postoperative instructions.
34. Record area(s) treated, delivery device and/or product used in patient/client's chart.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of using and placing a slow-release chemotherapeutic agent. Observe performance of procedures under supervision.

PRODUCT

Subgingival delivery of a slow-release chemotherapeutic agent is administered.

PROCESS

All performance elements for performing subgingival application of a slow-release chemotherapeutic agent are critical and must be performed in sequence.

DEBRIDE DENTAL IMPLANTS

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client with dental implants
- Dental operatory
- Personal Protective Equipment (PPE)
- Patient/client records and histories
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Plastic mouth mirror
- Cotton rolls or gauze sponges
- Set of plastic instruments
- Complete calculus/plaque and periodontal evaluation(s) (chartings) and radiographs
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Remove bacterial plaque, calculus and stain from and around dental implants.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of debris to be removed and number of implants to be treated.

PERFORMANCE ELEMENTS

1. Review patient/client's records and histories.
2. Review patient/client's chartings and radiographs.
3. Determine treatment sequence.
4. Explain procedure to patient/client.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.
9. Position patient/client in reclined position.
10. Adjust light for maximum illumination.
11. Dry area(s) to be treated using compressed air. Use cotton rolls or gauze sponges to keep area dry.

12. Grasp plastic mouth mirror with nondominant hand using modified pen grasp. Establish finger rest.
13. Use plastic explorer to determine location of debris and need for instrumentation. Grasp explorer with dominant hand using modified pen grasp. Establish finger rest.
14. Grasp plastic implant instrument with dominant hand using modified pen grasp. Establish finger rest.
15. Insert instrument subgingivally, maintaining contact with dental implant.
16. Remove debris from implant. Wrap instrument(s) around implant abutment cylinders and around fixed prosthetic restorations.
17. Examine implant surfaces with plastic explorer and compressed air.
18. Repeat debridement and instrumentation strokes as needed.
19. Give postoperative instructions.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of debridement of dental implants. Observe performance of procedures under supervision.

PRODUCT

Bacterial plaque and calculus are removed from dental implants with minimum tissue trauma and no damage to implant.

PROCESS

All performance elements for performing debridement of dental implants are critical and must be performed in sequence.

CLEAN REMOVABLE APPLIANCES

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client with removable appliance(s)
- Dental operatory
- Personal Protective Equipment (PPE)
- Dental unit with power-driven handpiece
- Small plastic zip-lock bag
- Prophy angle and rubber cup
- Nonabrasive (fine) polishing agent
- Ultrasonic cleaning unit and solution
- Plastic cup or container
- Dental lathe with a fine wet abrasive in laboratory
- Sink
- Ultrasonic and tip insert
- Paper towel(s)
- Scalers and curettes
- Sterile rag wheel
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Clean removable appliance(s) to remove plaque, calculus and stain without damage to appliance.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of debris to be removed, condition of appliance and method used.

PERFORMANCE ELEMENTS

1. Position patient/client in upright position in dental chair.
2. Explain procedure to patient/client.
3. Drape patient/client.
4. Wash hands.
5. Don PPE.
6. Instruct patient/client to remove appliance and place into plastic cup or container provided.

7. Inspect appliance. Look at deposit accumulation and condition of appliance. Check for cracks, fractures, missing teeth and broken wires or clasps.
8. Determine debris removing method to be used.

Ultrasonic cleaning unit method

9. Place appliance into zip-lock bag containing ultrasonic or cleaning solution.
10. Place bag into ultrasonic cleaning unit.
11. Turn on unit following manufacturers' recommendations.
12. Remove bag from ultrasonic unit.
13. Rinse appliance under warm water.

Manual cleaning method

14. Line partially water filled sink with paper towels.
15. Grasp appliance firmly with nondominant hand just above water line.
16. Remove calculus and debris from appliance using scalers and curettes. Scale appliance taking care not to scratch or gouge appliance. Establish finger rest.
17. Avoid scaling internal impression surface of appliance.

Motor-driven polishing method

18. Repeat steps 14 and 15.
19. Polish denture using power-driven handpiece, prophy angle and rubber cup.
20. Use nonabrasive (fine) polishing agent.
21. Grasp handpiece in dominant hand using modified pen grasp. Establish finger rest. Follow criteria as outlined in Skill 90: Perform Motor-Driven Polishing.
22. Apply rubber cup to appliance. Flaring cup on metal and acrylic portions of appliance.
23. Avoid polishing internal impression surface of appliance.
24. Rinse appliance under warm water to remove polishing agent.

Dental lathe polishing method

25. Prepare sterile rag wheel and lathe. Wet wheel and place onto lathe. Use fine abrasive cleansing agent.
26. Hold appliance in two-handed grip. Cover clasps with fingers.
27. Run lathe at slow speed. Apply appliance gently to rag wheel. Constantly change surface applied to wheel.
28. Rinse appliance under warm water.
29. Document in patient/client's record the method and abrasive product used to clean the appliance.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of cleaning removable appliances. Observe performance of procedures under supervision.

PRODUCT

Bacterial plaque, calculus and stain are removed from patient/client's removable appliance with no damage to acrylic, porcelain, metal wires, frame and clasps.

PROCESS

All performance elements for performing cleaning of a removable appliance are critical and must be performed in sequence.

APPLY TOPICAL ANESTHETIC

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client medical history
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Cotton rolls or gauze sponges
- Cotton swab(s) or cotton pellet(s)
- Topical anesthetic preparation
- Disposable syringe and cannula
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Apply topical anesthetic prior to dental hygiene treatment to desensitize mucous membrane and minimize patient/client discomfort.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 2-3 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure and anticipated effect to patient/client.
2. Review patient/client's medical history for pertinent information concerning application of topical anesthetic. Check for previous adverse reactions, allergies, etc.
3. Drape patient/client.
4. Give patient/client protective eyewear.
5. Wash hands.
6. Don PPE.
7. Determine method and agent to be used for topical anesthetic delivery.
8. Prepare anesthetic following manufacturers' recommendations.
9. Dry area to be anesthetized using compressed air. Use cotton rolls or gauze sponges to keep area dry.
10. Apply topical anesthetic.

Disposable syringe and cannula method

11. Grasp syringe with dominant hand.
12. Prepare cannula. Bend slightly.
13. Insert cannula subgingivally.
14. Slowly release topical anesthetic into sulcus or pocket.

Cotton swab (or pellet) method

15. Place small amount of topical anesthetic onto cotton swab.
16. Deliver topical anesthetic by wiping swab over area to be anesthetized.
17. Wait briefly for anesthetic to take effect before proceeding.
18. Record mechanism, topical anesthetic used and area anesthetized in patient/client's chart.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of applying topical anesthetic. Observe performance of procedures under supervision.

PRODUCT

Topical anesthetic is applied prior to dental hygiene treatment to minimize patient/client discomfort.

PROCESS

All performance elements for applying topical anesthetic are critical and must be performed in sequence.

SET UP AND MONITOR NITROUS OXIDE/OXYGEN SEDATION.

IL.02.HSS.DH.86

PAIN CONTROL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client record
- Completed medical/dental histories
- Patient/client drape
- Central gas supply system or portable gas delivery system containing a central-system manifold, copper tubing piping system, nitrous oxide tanks, yoke stand, E-yoke, pressure reducing/regulator valve, flow meter, reservoir bag, oxygen flush button, conduction tubing, and breathing apparatus or full face mask.
- Disposable cover for nasal hood
- Blood pressure equipment
- Infection control manual
- Pen
- Informed consent form
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Set up and monitor flow and level of nitrous oxide/oxygen anesthetic during dental hygiene treatment.

Monitor effect to patient/client prior to, throughout and post dental hygiene treatment.

PERFORMANCE CRITERIA

Skill is performed throughout treatment at 100% accuracy.

Time required to complete skill will vary due to length of dental hygiene treatment.

PERFORMANCE ELEMENTS

1. Explain procedure and anticipated effect to patient/client.
2. Obtain informed consent from patient/client or appropriate guardian.
3. Prepare nitrous oxide/oxygen delivery system following manufacturers' guidelines.
   a. Ensure vacuum and ventilation exhaust systems are vented and working properly.

   b. Confirm absence of leaks at pressure connections on unit, in conducting tubes and reservoir bag.
   c. Connect conducting tube to reservoir bag.
   d. Cover unit and tubing with barriers following infection control guidelines.
   e. Open oxygen valve and observe amount of oxygen in tank.
   f. Turn on nitrous oxide/oxygen sedation machine.
   g. Open nitrous oxide tank.
4. Activate scavenging system. Attach conduction tubing to evacuation system in dental unit.
5. Inflate reservoir bag using oxygen flush button.
6. Review patient/client's medical/dental histories with dentist or person who will administer nitrous oxide/oxygen sedation.
7. Drape patient/client.
8. Wash hands.
9. Don PPE.
10. Place patient/client in comfortable position in dental chair.
11. Obtain base line vital signs.
12. Select appropriate size and type of breathing apparatus.
13. Adjust oxygen flow to deliver 100% oxygen.
14. Secure nasal hood or face mask in place on patient/client.
15. Determine appropriate amount of tidal volume needed for patient/client.
16. Instruct patient/client to minimize talking during sedation procedure.
17. Monitor patient/client once dentist administers nitrous oxide/oxygen sedation.
   a. Monitor established titration level.
   b. Observe patient/client's responses to sedation procedure.
   c. Observe reservoir bag. Monitor and record patient/client's respiration rates.
   d. Keep patient/client relaxed.
   e. Monitor patient/client's vital signs throughout sedation procedure.
18. Terminate nitrous oxide flow. Continue to deliver 100% oxygen to patient/client during final three to five minutes of procedure.
19. Assess recovery of patient/client.
20. Obtain postoperative vital signs.
21. Give patient/client postoperative instructions.
22. Record in patient/client chart method, length of sedation, patient/client responses, and vital signs obtained prior to, during and post sedation procedure.

PERFORMANCE ASSESSMENT CRITERIA

Successful completion of twelve hour certification course as outlined by Illinois State Dental Practice Act.

CDC guidelines and OSHA standards/regulations are followed.

Test principles of monitoring nitrous oxide. Observe performance of procedures under supervision.

PRODUCT

Nitrous oxide/oxygen sedation procedure is set up and monitored during patient/client dental hygiene treatment.

PROCESS

All performance elements for monitoring nitrous oxide/oxygen sedation are critical and must be performed in sequence.

APPLY DESENSITIZING AGENTS

IL.02.HSS.DH.87

PAIN CONTROL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Patient/client chart
- Patient/client drape
- Patient/client protective eyewear
- Mouth mirror
- Desensitizing agent
- Cotton roll(s)
- Wooden point and porte polisher or cotton pellet(s) and cotton forceps
- 2% sodium fluoride solution
- Saliva ejector
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Apply desensitizing agent to appropriate tooth surfaces in patient/client's mouth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to agent used and number of areas treated.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Determine appropriate desensitizing agent.
9. Determine treatment sequence.
10. Prepare desensitizing agent following manufacturers' guidelines.
11. Insert saliva ejector into patient/client's mouth.
12. Grasp mouth mirror in nondominant hand. Retract cheeks and other soft tissues in patient/client's mouth.

13. Dry area(s) to be treated using cotton roll.
14. Wipe exposed area with 2% sodium fluoride solution using cottor pellet.
15. Dry area thoroughly using cotton pellet of cotton roll.
16. Apply desensitizing agent following manufacturers' guidelines.
    a. Use cotton pellet for liquid preparation.
    b. Use wooden point and Porte polisher for paste preparation.
17. Give patient/client postoperative instructions.
18. Record in patient/client chart preparation, method and areas treated.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of applying a desensitizing agent. Observe performance of procedures under supervision.

PRODUCT

A desensitizing agent is applied to appropriate surfaces on a patient/client's teeth.

PROCESS

All performance elements are critical for application of a desensitizing agent and must be performed in sequence.

SET UP FOR LOCAL ANESTHETIC INJECTION AND MONITOR PATIENT/CLIENT.

IL.02.HSS.DH.88

PAIN CONTROL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Personal Protective Equipment (PPE)
Patient/client chart with completed histories
Patient/client drape
Patient/client protective eyewear
Sterilized Syringe (non-disposable, disposable or "safety")
Hemostat or cotton forceps
Sharps container
Acrylic needle holder
Anesthetic cartridge(s)
Cotton tip applicator(s)
Topical anesthetic
Disposable needle(s)
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Set up, prepare and monitor patient/client for administration of local anesthetic injection.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 2-3 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure and anticipated effect to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Determine appropriate armamentarium.
7. Prepare sterilized syringe.
   a. Remove sterilized syringe from its container.
   b. Retract piston.
   c. Insert cartridge.

   d. Engage harpoon.
   e. Attach appropriate needle.
   f. Place loaded syringe on sterile field out of patient/client's sight.
8. Place topical anesthetic and cotton tip applicator on sterile field.
9. Place hemostat or cotton forceps on sterile field.
10. Review patient/client's medical/dental histories with dentist prior to injection.
11. Place additional cartridges in syringe if needed.
   a. Recap needle using scoop technique or by using acrylic needle holder.
   b. Retract piston.
   c. Remove used cartridge and place on sterile field.
   d. Insert new cartridge.
   e. Embed harpoon.
12. Monitor patient/client once local anesthetic is administered.
13. Give patient/client postoperative instructions.
14. Dispose of all sharps in designated sharps container after patient/client is dismissed.
15. Record anesthetic administered, number of cartridges used and effect on patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of set-up for local anesthetic injection. Observe performance of procedures under supervision.

PRODUCT

Armamentarium for administration of local anesthetic to patient/client is set up prior to dental hygiene treatment. Patient/client is monitored after administration of anesthetic.

PROCESS

All performance elements for setting up armamentarium and monitoring patient/client for local anesthetic are critical and must be performed in sequence.

ASSESS AREAS FOR SELECTIVE POLISH.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Personal protective equipment (PPE)
Patient/client drape
Patient/client protective eyewear
Air/water syringe
Mouth mirror
Disclosant solution and armamentarium
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Assess patient/client's teeth for areas to be polished using selective polishing guidelines and standards.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of extrinsic stain present on patient/client's teeth.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Review patient/client's medical and dental history for polishing contraindications.
5. Wash hands.
6. Don PPE.
7. Position patient/client in reclined position.
8. Adjust light for maximum illumination.
9. Grasp mouth mirror with nondominant hand using modified pen grasp.
10. Examine patient/client's teeth to determine if polishing is indicated for removal of extrinsic stains.

11. Use disclosing agent, if indicated, to view plaque-covered areas following performance elements outlined in skill 32: Identify Dental Plaque (Soft Deposits).
12. Use compressed air to increase visibility of teeth.
13. Determine polishing sequence.
14. Determine polishing method and polishing agent to be utilized.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of selective polishing and extrinsic stain removal. Observe performance of procedures under supervision.

PRODUCT

An assessment of need for extrinsic stain removal by applying guidelines of selective polishing is completed.

PROCESS

All performance elements for assessing need for extrinsic stain removal and selective polishing are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

PERFORM MOTOR-DRIVEN POLISHING.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Saliva ejector
- Gauze sponge(s)
- Dental floss
- Slow-speed handpiece
- Prophylaxis angle attachment (disposable or nondisposable)
- Rubber polishing cup and/or bristle brush
- Polishing agent
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Perform motor-driven polishing to remove extrinsic stains from patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of extrinsic stain present on patient/client's teeth.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Assess areas for selective polishing.

9. Prepare handpick following manufacturers' guidelines.
10. Attach prophy angle and rubber cup (or bristle brush).
11. Select appropriate polishing agent.
12. Grasp handpiece with dominant hand using modified pen grasp.
13. Press foot control to start revolutions of rubber cup. Demonstrate sound and feel of handpiece for patient/client.
14. Fill rubber cup with polishing agent.
15. Insert saliva ejector into patient/client's mouth if indicated.
16. Distribute agent over teeth surfaces to be polished.
17. Establish a secure finger rest. Bring rubber cup almost in contact with tooth surface.
18. Press foot control. Use slowest revolutions per minute (rpm) possible.
19. Apply revolving rubber cup to tooth surface. Apply light pressure to cup causing cup to flare. Apply revolving cup to tooth surface for one to two seconds.
20. Move cup to adjacent area on tooth surface. Use patting or brushing motion. Establish a sequence.
21. Replenish polishing agent on rubber cup when needed.
22. Wipe excess polishing agent and saliva from rubber cup using gauze sponges.
23. Rinse patient/client's mouth frequently with air/water syringe to remove excess polishing agent from his/her mouth.
24. Floss patient/client's teeth after procedure to remove excess polishing agent or debris.
25. Give postoperative instructions.
26. Record in patient/client chart polishing method and polishing agent used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of motor-driven polishing. Observe performance of procedures under supervision.

PRODUCT

Extrinsic stains are removed from patient/client's teeth using a motor-driven polisher with minimal trauma to soft and hard tissues.

PROCESS

All performance elements for performing motor-driven polishing are critical and must be performed in sequence.

USE AIR POLISHER.

IL.02.HSS.DH.91

INTRINSIC AND EXTRINSIC STAIN REMOVAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Lubricant gel
- Cotton tip applicator(s)
- Sodium bicarbonate polishing agent
- Saliva ejector
- Air polishing end (nozzle)
- Airbrasive/air polishing unit and handpiece
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use airbrasive/air polishing method to remove extrinsic stains from patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of extrinsic stain present on patient/client's teeth.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Assess areas for selective polishing.

9. Review patient/client's medical and dental histories for contraindications of air polishing.
10. Prepare air polishing device following manufacturers' guidelines.
11. Put sodium bicarbonate solution into air polishing device.
12. Demonstrate air spray for patient/client.
13. Apply lubricant gel to patient/client's lips using cotton tip applicator.
14. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish secure finger rest.
15. Grasp air polishing device handle in dominant hand using modified pen grasp. Establish secure finger rest.
16. Position air polishing end (nozzle) near tooth surface to be polished.
17. Press pedal and angle spray toward tooth surface away from gingival margin.
18. Move nozzle in circular motion approximately four to five millimeters from tooth surface. Apply spray for three to five seconds per area.
19. Move air polisher to adjacent area on tooth surface.
20. Rinse patient/client's mouth frequently using rinsing mechanism in air polishing device.
21. Give postoperative instructions to patient/client.
22. Record in patient/client's chart polishing method and polishing agent used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of using airbrasive/air polishing method. Observe performance of procedures under supervision.

PRODUCT

Airbrasive/air polishing system is used for complete removal of extrinsic stain from patient/client's teeth with minimum trauma to soft and hard tissues.

PROCESS

All performance elements for performing extrinsic stain removal using airbrasive/air polisher are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Dental operatory
Patient/client chart
Personal protective equipment (PPE)
Patient/client drape
Patient/client protective eyewear
Air/water syringe
Mouth mirror
Tooth whitening system
Saliva ejector
Timer
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use professionally applied tooth whitening agents on patient/client's teeth.

PERFORMANCE CRITERIA

Skill is performed with 100% accuracy and performed following defined times as indicated by manufacturers' guidelines.

PERFORMANCE ELEMENTS

1. Determine if tooth whitening is indicated for patient/client.
2. Determine appropriate tooth whitening system for patient/client.
3. Discuss chosen tooth whitening system with dentist.
4. Explain procedure and side effects to patient/client.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.
9. Position patient/client in upright position.
10. Adjust light for maximum illumination.
11. Assess areas for whitening. Review patient/client's medical and dental histories and dentition chart for contraindications.
12. Apply tooth whitening system (agent) following manufacturers' guidelines.
13. Set timer to appropriate time following manufacturers' guidelines.
14. Use adequate suction to remove saliva and excess whitening materials.

15. Remove tooth whitening delivery system from patient/client's mouth (i.e., trays, strips, etc.).
16. Give patient/client postoperative instructions following manufacturers' guidelines.
17. Document in patient/client's chart whitening system utilized.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of professionally applied tooth whitening systems. Observe performance of procedures under supervision.

PRODUCT

Tooth whitening agents are applied in dental practice setting with minimal trauma to soft and hard tissues.

PROCESS

All performance areas for performing application of tooth whitening systems are critical and must be performed in sequence.

INSTRUCT PATIENT/CLIENT TO USE TOOTH WHITENING AGENTS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Hand mirror
- Tooth whitening system and literature
- Saliva ejector
- Timer
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Instruct how to use and demonstrate proper use of home delivery tooth whitening system to patient/client.

PERFORMANCE CRITERIA

Skill is performed with 100% accuracy and performed following defined times as indicated by manufacturers' guidelines.

PERFORMANCE ELEMENTS

1. Determine if tooth whitening is indicated for patient/client.
2. Determine appropriate tooth whitening system for patient/client.
3. Discuss chosen tooth whitening system with dentist.
4. Explain procedure and side effects to patient/client.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.
9. Position patient/client in upright position.
10. Adjust light for maximum illumination.
11. Give patient/client hand mirror.
12. Assess areas for whitening with patient/client. Review patient/client's medical and dental histories and dentition chart for contraindications.

13. Apply tooth whitening system (agent) following manufacturers' guidelines. Instruct patient/client to observe application process.
14. Set timer (if applicable) to appropriate time following manufacturers' guidelines.
15. Use adequate suction to remove saliva and excess whitening materials.
16. Remove tooth whitening system from patient/client's mouth (i.e., trays, strips, etc.).
17. Give patient/client postoperative instructions following manufacturers' guidelines and tooth whitening system's literature.
18. Document whitening system recommended and given to patient/client.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of determining proper tooth whitening system and instructing patient/client on how to use home delivery tooth whitening systems.

Observe performance of giving instructions under supervision.

PRODUCT

Proper tooth whitening system is recommended to patient/client and clear, accurate instructions are given to and demonstrated for patient/client on home delivery tooth whitening system.

PROCESS

All performance areas for instructing a patient/client to use home delivery tooth whitening systems are critical and must be performed in sequence.

REMOVE OVERHANGING MARGINS USING MANUAL INSTRUMENTS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Scalers and curettes
- Finishing strips
- Scissors
- Explorer(s)
- Amalgam and gold foil knives
- Files in various shapes and sizes
- Cleoid and discoid amalgam carvers
- Radiographs and complete dentition chart
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Remove overhanging margins (amalgam restorations) in patient/client's mouth using manual instruments.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 10-15 minutes per overhanging margin.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.

8. Assess areas for margination. Review patient/client's radiographs and dentition chart for location, size and condition of overhanging amalgam restoration and margin.
9. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish finger rest.
10. Grasp explorer with dominant hand using a modified pen grasp. Establish a secure finger rest.
11. Explore overhanging margins to be removed.
12. Determine appropriate mechanism and instruments for marginations procedure.

Amalgam knife

13. Grasp knife with dominant hand using modified pen grasp. Establish secure finger rest.
14. Position knife blade across tooth structure and amalgam restoration.
15. Move knife diagonally across junction created by tooth surface and amalgam restoration.
16. Use short, overlapping shaving strokes.

File

17. Determine appropriate file design to be used.
18. Begin procedure with courser files. Complete procedure with finer files.
19. Grasp file with dominant hand using modified pen grasp. Establish secure finger rest.
20. Position file on tooth structure.
21. Move file with push or pull stroke across junction created by tooth structure and amalgam restoration.
22. Use short overlapping strokes.

Amalgam carvers (cleoid and discoid)

23. Grasp carver in dominant hand using modified pen grasp. Establish secure finger rest.
24. Position carver on tooth structure.
25. Move carver in diagonal direction across junction created by tooth surface and amalgam restoration.
26. Use short, overlapping shaving strokes.

Scalers and curettes

27. Determine appropriate scaler or curette for area to be treated.
28. Evaluate integrity of instrument.
29. Grasp scaler or curette with dominant hand using modified pen grasp. Establish secure finger rest.
30. Position cutting edge of instrument on tooth structure.
31. Activate blade. Maintain a 90-degree angle between blade face and tooth surface.
32. Move instrument in diagonal direction.
33. Use short, overlapping working strokes.
34. Evaluate overhanging margin with explorer.
35. Repeat procedure as needed.
36. Use finishing strips when gross amalgam has been removed.
37. Cut end of strip diagonally with scissors.
38. Position strip over amalgam at cavosurface margin.
39. Curve strip around tooth.
40. Move strip back and forth as needed. Use course to fine strips.
41. Reevaluate treated area with explorer.
42. Use compressed air and water to remove debris from treatment area.
43. Give patient/client postoperative instructions.
44. Record in patient/client's chart area treated and method used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of removing overhanging margins using manual instruments. Observe performance of procedures under supervision.

PRODUCT

Overhanging margins (amalgam restorations) are removed using manual instruments causing minimal trauma to soft and hard tissues.

PROCESS

All performance areas for performing removal of overhanging margins with manual instruments are critical and must be performed in sequence.

POLISH AMALGAM RESTORATIONS USING POWER-DRIVEN INSTRUMENTS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Slow-speed handpiece
- Sandpaper disc(s)
- Polishing agent
- Saliva ejector
- Explorer
- White and brown stone points
- Brown and green rubber points
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Polish amalgam restorations in patient/client's mouth using various stones and rubber points on a slow-speed handpiece without altering original shape and contour of restoration.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 10-15 minutes per restoration.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.

7. Adjust light for maximum illumination.
8. Assess amalgam restoration to be polished using mouth mirror and explorer.
9. Prepare slow-speed handpiece following manufacturers' guidelines.
10. Insert appropriate stone or disc.
11. Grasp handpiece with dominant hand using modified pen grasp. Establish secure fulcrum. Use lowest revolutions per minute(rpm) possible.
12. Grasp air/water syringe with nondominant hand using palm grasp. Spray water frequently on restoration being polished.
13. Insert saliva ejector into patient/client's mouth.
14. Smooth surface of amalgam restoration with stone. Begin with coarser grade stone and finish with finer grade.
15. Change stone to brown rubber point, then to green rubber point.
16. Apply polishing agent and polish using rubber cup.
17. Reevaluate restoration using explorer and compressed air.
18. Continue procedure until restoration is smooth and free of defects.
19. Give patient/client postoperative instructions.
20. Record in patient/client chart restoration(s) polished, agent and stones and points used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of polishing amalgam restorations using a slow-speed handpiece. Observe performance of procedures under supervision.

PRODUCT

Amalgam restoration is polished using a slow-speed handpiece and causing no distortion or recontouring of original amalgam restoration.

PROCESS

All performance areas for performing amalgam polishing with a slow-speed handpiece are critical and must be performed in sequence.

SECURE/REMOVE DENTIST-PRESCRIBED ARCH WIRES AND ORTHODONTIC APPLICANCES.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart
- Personal protective equipment (PPE)
- Patient/client study models
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Cotton forceps
- Scalers and curettes
- Explorer
- Separating pliers
- Band bitter
- Saliva ejector
- Sharps container
- Schure instrument or band adaptor
- Weingart pliers
- Ligature cutter
- Wire cutters
- Distal-end wire cutters
- Orthodontic appliances: bands, bracket, arch wires, separators, etc.
- Illinois State Practice Act
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Secure and remove dentist-prescribed arch wires and orthodontic appliances.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to number and type of orthodontic appliances in procedure.

Illinois State Dental Practice Act guidelines are followed.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.
8. Prepare armamentarium needed for procedure.

Remove Arch Wires and Loose or Broken Brackets

9. Grasp ligature cutter with dominant hand.
10. Place ligature cutter at mesial or distal side of bracket on ligature wire. Position cutting edges parallel to arch wire.
11. Cut ligature wire.
12. Grasp cut ligature with ligature cutters or cotton forceps. Release ligature from tie wings of bracket.
13. Remove appliances or wire using cotton forceps or Weingart pliers.

Remove Orthodontic Separators

14. Grasp scaler or explorer with dominant hand using modified pen grasp. Establish secure finger rest.
15. Hook end of scaler or explorer beneath occlusal aspect of separator.
16. Place index finger of nondominant hand over top of separator.
17. Disengage separator by moving scaler or explorer in an occlusal direction.

Size and Fit Orthodontic Bands

18. Determine size of band or bracket by using patient/client's study model(s).
19. Place pre-selected band on tooth. Apply pressure with index finger, pushing bracket onto tooth.
20. Grasp Schure instrument or band adaptor with dominant hand using palm grasp.
21. Place Schure instrument or band adaptor on edges of band.
22. Apply pressure to seat band further.
23. Place band biter on edges of band. Instruct patient/client to bite down to finalize seating of band.

Size and Fit Archwire

24. Select appropriate wire as prescribed by dentist.
25. Estimate length of wire on patient/client's study models.
26. Cut off excess wire using wire cutters.
27. Grasp Weingart pliers in dominant hand using palm grasp.
28. Insert archwire into buccal tubes or molar bands.
29. Remove excess wire using distal end wire cutters.
30. Dispose of all orthodontic appliances, archwires, ligatures, etc. in designated Sharps container.
31. Record in patient/client's chart size and number of appliances altered during procedure.

PERFORMANCE ASSESSMENT CRITERIA

Illinois State Dental Practice Act, CDC guidelines and OSHA standards/regulations are followed.

Test principles of removing and placing orthodontic appliances. Observe performance of procedures under supervision.

PRODUCT

Orthodontic appliances and wires are placed or removed as prescribed by dentist with no trauma to hard and soft tissues.

PROCESS

All performance elements for placing and removal of orthodontic appliances are critical and wires and must be performed in sequence.

REMOVE RESIDUAL ADHESIVES.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart
- Personal protective equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Air/water syringe
- Mouth mirror
- Scalers and curettes
- Saliva ejector
- Fine pumice slurry
- Tin oxide
- Debonding or debanding pliers
- Ultrasonic unit and inserts
- Slow-speed hand piece and rubber cup
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Remove residual adhesives and resin material from tooth surface after appliance removal using hand instruments and ultrasonic instruments.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to amount of residual adhesive material and method of removal used.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.

8. Grasp explorer with dominant hand using modified pen grasp. Establish secure finger rest.
9. Grasp air/water syringe with nondominant hand using palm grasp.
10. Verify amount of remaining adhesive and resin material after appliance removal using explorer and compressed air.
11. Determine method for removal.

Scalers and Curettes

12. Grasp scaler or curette with dominant hand using modified pen grasp. Establish firm finger rest.
13. Position scaler or curette at edge of adhesive and resin deposit.
14. Apply gentle lateral pressure. Activate scaler in coronal direction.

Debonding or Debanding Pliers

15. Grasp pliers in dominant hand using palm grasp.
16. Position plastic (nylon) cover tab on incisal or occlusal surface. Apply pliers tip to outer margin of adhesive and resin material.
17. Squeeze pliers gently to disengage adhesive and resin material from tooth surface.

Ultrasonic and Sonic Scaler

18. Prepare ultrasonic unit following manufacturers' guidelines.
19. Use ultrasonic scaler as outlined in Skill Standard 80: Use Ultrasonic and Sonic Scalers.
20. Reevaluate enamel surface using explorer and compressed air.
21. Restore enamel surface to original prebonding finish.
22. Prepare slow-speed handpiece following manufacturers' guidelines.
23. Attach rubber cup.
24. Prepare fine pumice slurry.
25. Use slow-speed handpiece as outlined in Skill Standard 90: Perform Motor-Driven Polishing.
26. Check progress of procedure by rinsing and drying area teeth using air/water syringe and saliva ejector.
27. Apply tin oxide to a clean rubber cup for final finish.
28. Give postoperative instructions to patient/client.
29. Record in patient/client chart adhesive removal method used and enamel surfaces treated.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of removing residual adhesives and resin material from enamel surfaces. Observe performance of procedures under supervision.

PRODUCT

Removal of residual adhesive and resin material is completed after appliance is removed causing no trauma to enamel surface by using hand and ultrasonic and sonic instruments.

PROCESS

All performance elements for removing residual adhesives and resin material are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Air/water syringe
- Mouth mirror
- Dental cement
- Explorer
- FP1 plastic instrument
- Cleoid or discoid carver
- Burnisher
- Articulating paper
- Cotton roll(s)
- Glass slab
- Cotton forceps
- Cement spatula
- Condenser
- Saliva ejector
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Place temporary cement filling in tooth to provide relief, comfort and stable environment in oral cavity, after dentist has examined patient client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill 5 to 10 minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.

8. Grasp mouth mirror in nondominant hand using modified pen grasp. Establish secure finger rest.
9. Examine treatment area and verify occlusal relationship.
10. Isolate treatment area by placing cotton rolls in buccal vestibule and lingual, if appropriate, and using cotton forceps and mouth mirror for retraction. Insert saliva ejector.
11. Dry area using compressed air.
12. Mix dental cement following manufacturers' guidelines using cement spatula and glass slab.
13. Place cement into cavity using plastic instrument. Overfill cavity with material.
14. Condense material using condenser.
15. Carve cement using carver(s) and burnisher.
16. Evaluate margins of temporary filling using explorer.
17. Remove debris from patient/client's mouth using air/water syringe and saliva ejector.
18. Check articulation using articulating paper.
19. Remove additional temporary filling material if needed.
20. Give patient/client postoperative instructions.
21. Record in patient/client's record material used and area treated.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of placing a temporary filling using dental cement. Observe performance of procedures under supervision.

PRODUCT

Temporary filling using dental cement is placed in cavity of tooth restoring it to normal function for short period of time.

PROCESS

All performance elements for placing a temporary filling using dental cement are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Air/water syringe
- Mouth mirror
- Dental cement
- Explorer
- FP1 plastic instrument
- Articulating paper
- Cotton roll(s)
- Glass slab
- Cotton forceps
- Cement spatula
- Gauze sponge(s)
- Dental floss
- Saliva ejector
- Fabricated temporary crown
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Cement temporary crown after dentist has examined patient/client.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is five minutes.

PERFORMANCE ELEMENTS

1. Explain procedure to patient/client.
2. Drape patient/client.
3. Give patient/client protective eyewear.
4. Wash hands.
5. Don PPE.
6. Position patient/client in reclined position.
7. Adjust light for maximum illumination.

8. Grasp explorer with dominant hand using modified pen grasp. Establish secure finger rest.
9. Grasp mouth mirror with nondominant hand using modified pen grasp. Establish secure finger rest.
10. Examine area where temporary crown will be seated. Clean area of debris using explorer, gauze sponges and air/water syringe.
11. Place temporary crown on tooth. Evaluate fit.
12. Instruct patient/client to bite down. Verify occlusal relationship.
13. Remove temporary crown and dry thoroughly using compressed air.
14. Isolate treatment area. Place cotton rolls in buccal vestibule and lingual, if appropriate, using cotton forceps and mouth mirror for retraction.
15. Dry area using compressed air. Insert saliva ejector into patient/client's mouth.
16. Mix dental cement following manufacturers' guidelines using cement spatula and glass slab.
17. Place dental cement into temporary crown using FP1 plastic instrument.
18. Position temporary crown onto tooth. Instruct patient/client to bite down gently to seat crown.
19. Using explorer remove excess cement from around margin of crown.
20. Using dental floss contact areas around temporary crown.
21. Reevaluate occlusion using articulating paper.
22. Give patient/client postoperative instructions.
23. Record in patient/client chart tooth number where temporary crown was placed and dental cement used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of cementing a temporary crown. Observe performance of procedures under supervision.

PRODUCT

Temporary crown on tooth is placed without altering occlusal relationship and with minimal trauma to soft tissues.

PROCESS

All performance elements for cementing a temporary crown are critical and must be performed in sequence.

PREPARE PATIENT/CLIENT AND ARMAMENTARIUM FOR EXPOSURE OF RADIOGRAPHS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Patient/client chart and completed histories
- Personal Protective Equipment (PPE)
- Mouth mirror
- Spray bottle with disinfectant solution
- Paper towels
- Waste container
- Dental x-ray film
- Dental x-ray unit and room
- Large sheets of plastic wrap
- Plastic sleeves
- Film holders or cassette
- Plastic cup
- Lead apron with thyroid collar
- Informed consent form
- Radiation safety guidelines
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Prepare patient/client and armamentarium for exposure of radiographs.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 15 minutes.

PERFORMANCE ELEMENTS

1. Disinfect and set up dental x-ray room and unit following criteria outlined in Skill Standard 6: Set Up Dental Unit.
2. Seat patient/client in x-ray room chair. Adjust occipital support.
3. Use caution that occlusal plane is parallel to floor.
4. Explain procedure to patient/client. Instruct patient/client to remove eyeglasses, removable appliance, etc.
5. Obtain informed consent from patient/client or legal guardian.
6. Review patient/client's medical history for radiographic contraindications.
7. Place lead apron with thyroid collar on patient/client.

8. Set kVp, mA, and timer following recommendations for radiograph(s) being exposed.
9. Wash hands.
10. Don PPE.
11. Using mouth mirror examine patient/client's mouth for possible obstructions.
    a. Prepare film packets , film holders and plastic cup behind lead wall or at safe distance from x-ray unit.
    b. Place each film into plastic sleeve.
    c. Open sterilized film holder packets following criteria as outlined in Skill Standard 7: Open Sterile Supplies.
    d. Assemble film holders or cassettes following manufacturers' guidelines.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of preparing patient/client and armamentarium for radiographic exposure. Observe performance of procedures under supervision.

PRODUCT

Dental x-ray unit, room and armamentarium are prepared. Patient/client is prepared for exposure of radiographs.

PROCESS

All performance elements for preparing for exposure of radiographs are critical. The performance elements have been numbered to show appropriate sequence for completing the skill; however, a different sequence may be used.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal Protective Equipment (PPE)
- Dental x-ray unit
- X-ray film
- X-ray film holders (e.g., XCP, snap-a-ray, stabe, etc.)
- Cotton rolls
- Plastic cup
- Lead apron with thyroid collar
- Radiation safety guidelines
- Illinois Department of Nuclear Safety guidelines
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Expose intraoral radiographs on patient/client following all radiation safety guidelines (dentist prescribed).

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill will vary according to number of radiographs to be exposed.

PERFORMANCE ELEMENTS

1. Prepare and explain procedure to patient/client.
2. Drape patient/client with lead apron with thyroid collar.
3. Wash hands.
4. Don PPE.
5. Place film in appropriate film holder.
6. Place film packet in patient/client's mouth. Verify that film covers intended area.

Bisecting angle technique

7. Place film so triangle is formed between film and tooth to be exposed. Imagine an imaginary bisecting line.
8. Direct x-ray beam perpendicular to bisecting line.

Paralleling technique

9. Place film parallel to long axis of tooth.
10. Position x-ray source at appropriate distance from tooth according to Illinois Department of Nuclear Safety recommendations.
11. Direct x-ray beam at a right angle to film.
12. Steady tube head.
13. Step behind protective barrier, viewing patient/client to verify correct position of x-ray beam.
14. Depress machine's exposure button. Continue to hold button until audible signal has completely stopped.
15. Remove film packet from patient/client's mouth.
16. Place exposed film into plastic cup outside x-ray exposure room.
17. Complete radiographic exposure as prescribed by dentist.
18. Dismiss patient/client from exposure room.
19. Remove radiograph films from plastic sleeves. Dispose of sleeves in waste container.
20. Record in patient/client's chart number of exposed films, kVp, mA, and time of exposure.

PERFORMANCE ASSESSMENT CRITERIA

All radiation safe guidelines, CDC guidelines and OSHA standards/regulations are followed.

Test principles of exposing intraoral radiographs as prescribed by dentist. Observe performance of procedures under supervision.

PRODUCT

Exposure of diagnostic quality, dentist-prescribed intraoral radiographs on patient/client is completed.

PROCESS

All performance elements in exposing intraoral radiographs are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal protective equipment (PPE)
- Dental x-ray unit
- X-ray film
- X-ray cassette or container
- Head positioner
- Bite stick (Panorex)
- Lead apron
- Radiation safety guidelines
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Expose extraoral radiographs on patient/client following all infection control radiation safety guidelines (dentist prescribed).

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 5-10 minutes.

PERFORMANCE ELEMENTS

1. Prepare and explain procedure to patient/client.
2. Place film cassette or container on x-ray unit following manufacturers' guidelines.
3. Drape patient/client with lead apron with no thyroid collar.
4. Wash hands.
5. Don PPE.

Panorex radiograph

6. Align patient/client's head so midsagital plane is perpendicular to floor.
7. Instruct patient/client to place chin on chin rest. Align ala-tragus line slightly downward.
8. Instruct patient/client to bite on bite stick. Provide cotton roll if no bite stick is available.
9. Instruct patient/client to close his/her lips and place tongue against roof of mouth.

Cephalometric unit: skull radiographs

10. Align patient/client with cassette.
    a. Lateral skull projection: hold cassette parallel to sagital plane of skull and direct central beam at external auditory meatus.
    b. Posteroanterior projection: position patient/client so nose and forehead are against cassette. Direct central beam at a zero degree vertical angle toward external occipital protuberance.
11. Instruct patient/client to stay still in position.

Transcranial: temporomandibular joint radiograph

12. Place appropriate lead shielding on 8-by 10- inch film cassette.
13. Position patient/client's head parallel to cassette with side to be radiographed closes to cassette.
14. Point central beam approximately two and one-half inches above and one-half inch in front of external auditory meatus using vertical angulation of 25 to 30 degrees.
15. Take three exposures of each condyle. Instruct patient/client to open, then close and rest jaw. Move lead shield on cassette between each exposure.
16. Instruct patient/client to position other side of his/her head against and parallel to cassette.
17. Repeat steps 14 to 16.
18. Depress exposure button. Continue to hold button until auditory signal has completely stopped.
19. Dismiss patient/client from exposure room.
20. Record in patient/client's chart number of extraoral films exposed and kVp, mA, and time of exposure.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of exposing extraoral radiographs as prescribed by dentist. Observe performance of procedures under supervision.

PRODUCT

Exposure of diagnostic quality extraoral radiographs on patient/client is completed.

PROCESS

All performance elements for exposing extraoral radiographs are critical and must be performed in sequence.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Personal Protective Equipment (PPE)
Exposed radiograph(s)
Dark room with safe light (2)
Tanks (3) with processing solution and circulating water
Developer and fixer solution
Film hanger with identifying label
Replenisher solution
Stirring rod
Pencil
Drying rack
Waste container
Timer
Thermometer
Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Process exposed radiograph film manually.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 35 to 40 minutes; however, time may vary due to temperature of developing solution.

PERFORMANCE ELEMENTS

1. Wash hands.
2. Don PPE.
3. Close and lock darkroom door.
4. Check solution and water levels. Add replenisher if indicated.
5. Stir solutions. Use separate stirring rods for each solution.
6. Check temperature of solution using thermometer(s).
7. Determine film-developing time following manufacturers' guidelines.
8. Select film hanger. Write patient/client's name and date on identification label.
9. Turn off room light. Verify that no outside light is present.
10. Turn on darkroom safe light.

11. Unwrap film packets and remove film. Hold film by its edges. Dispose of film packet wrappings in waste container.
12. Attach film(s) to film hanger.
13. Place film hanger in developer. Agitate hanger slightly in tank. Start timer and replace tank cover.
14. Remove film hanger from developer when timer rings. Rinse film hanger in water tank for 20 seconds.
15. Place film hanger into fixer solution for at least 10 minutes. Agitate film hanger slightly in tank. Start timer and replace tank cover.
16. Remove film hanger from fixer when timer rings. Rinse film hanger in water tank for 20 minutes. Set timer.
17. Remove film hanger from water tank and hang on drying rack.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of processing exposed radiograph films manually. Observe performance of procedures under supervision.

PRODUCT

Radiographs are manually processed with no damage to image.

PROCESS

All performance elements for manually processing exposed radiographs are critical and must be performed in sequence.

PROCESS RADIOGRAPHS USING AUTOMATIC PROCESSOR.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Exposed radiograph(s)
Automatic processor
Main water valve
Replenisher solutions
Hand held themometer
Waste container

WORK TO BE PERFORMED

Process radiographs using automatic processor.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete skill is 5-10 minutes.

PERFORMANCE ELEMENTS

1. Remove cover to processor.
2. Check solution level in internal replenishing tanks. Add replenisher solution if indicated.
3. Turn main water valve on.
4. Observe solutions in internal tanks. Check for churning motion.
5. Replace cover of processor.
6. Insert cleaning film. Wait for processor ready light to turn on.
7. Check temperature of solutions using handheld thermometer.
8. Depress process switch.
9. Insert your hands into daylight loader of processor.
10. Unwrap film packets and remove film.
11. Feed films into alternating slots in processor.
12. Pull lever to release films onto rollers. Wait 15 seconds after films have contacted rollers before inserting additional films.
13. Place light-blocking cover over film-loading slots before removing hands from daylight loader of processor.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of processing exposed radiograph film through an automatic processor. Observe performance of procedures under supervision.

PRODUCT

Radiograph(s) is processed with no damage to image.

PROCESS

All performance elements for automatically processing exposed radiographs are critical and must be performed in sequence.

DUPLICATE RADIOGRAPHS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Original radiographs
Duplicating film packets
Duplicator
Dark room with safe light or duplicator with daylight loader
Waste container

WORK TO BE PERFORMED

Duplicate original radiographs with clear and precise quality.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Prepare duplicator following manufacturers' guidelines.
2. Place duplicating film packets and original radiographs in a darkroom with safe light or in a daylight loader that houses duplicating system.
3. Close darkroom door, turn off light and illuminate safe light or close safety view glass and insert hands through cuffs of daylight loader.
4. Separate and lift retainer plate from duplicator door and stabilize it.
5. Remove duplicating film from film packet and place each film inside a section of grid. Position duplicating film so lighter side is facing up.
6. Place original radiograph on each duplicating film. Close retainer plate.
7. Close duplicator door and push it down firmly. Activate light source.
8. Open duplicator door after light source shuts off. Separate retainer plate from duplicating grid.
9. Remove original films from duplicating grid. Process duplicating film following criteria outlined in Skill Standards 102: Expose Extraoral Radiographs or 103: Process Radiographs Manually.
10. Label processed duplicating film with patient/client name, date of original exposure, date of duplication, radiography clinician's name and duplicator's name.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of duplicating radiographs. Observe performance of procedures under supervision.

PRODUCT

Duplicate copy of original radiographs is completed with clear and precise quality.

PROCESS

All performance elements for duplicating original radiographs are critical and must be performed in sequence.

MOUNT RADIOGRAPHS.

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DENTAL IMAGING

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Processed radiographs
- Viewbox
- X-ray mount
- Pen
- Magnifying glass
- Properly illuminated x-ray viewing room

WORK TO BE PERFORMED

Mount and label exposed and processed radiographs for viewing by clinician.

PERFORMANCE CRITERIA

The skill is performed at 100% accuracy.

Time required to complete skill is 3-5 minutes.

PERFORMANCE ELEMENTS

1. Prepare viewbox and x-ray viewing room.
2. Arrange radiographs on viewbox with raised dots oriented in same direction. Use magnifying glass for optimum vision.
3. Position maxillary posterior radiographs with crowns of teeth toward bottom edge of mount. Identify mesial or distal landmarks to determine right and left images. Place premolar projections closer to middle of mount.
4. Identify maxillary anterior radiographs. Place them with crowns of teeth toward bottom edge of mount. Identify right and left incisor projections. Identify central incisor projection. Place central projection in center of mount.
5. Identify mandibular posterior radiographs. Place them with crowns of teeth toward top edge of mount. Identify mesial and distal landmarks to determine right and left images. Place premolar projections closer to middle of mount.
6. Identify mandibular anterior radiographs. Place them with crowns of teeth toward top edge of mount. Identify right and left incisor projections. Identify central projection. Place central projection in center of mount.
7. Identify bitewing radiographs. Orient radiographs with curve of speed directed upward toward distal. Place most mesial structures toward middle of mount.
8. Label x-ray mount with patient/client's name, date of exposure, radiography clinician's name, prescribing dentist's name and total number of radiographs exposed. Include number of retakes exposed.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of mounting radiographs. Observe performance of procedures under supervision.

PRODUCT

Exposed and processed radiographs are properly mounted and labeled for viewing by clinician.

PROCESS

All performance elements in performing mounting of radiographs are critical and must be performed in sequence.

USE COMPUTERIZED DENTAL IMAGING.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Patient/client
- Dental operatory
- Personal Protective Equipment (PPE)
- Patient/client drape
- Patient/client protective eyewear
- Operatory computer and appropriate software
- Digital radiography unit(s)
- Sensor and film holder
- Computerized intraoral camera
- Disposable sheath(s)
- Center for Disease Control (CDC) Infection Control Guidelines for Dentistry
- Occupational Safety & Health Administration (OSHA) standards/regulations

WORK TO BE PERFORMED

Use computerized dental imaging for diagnosis, patient/client education and development of treatment plans.

PERFORMANCE CRITERIA

Skill is performed at 100% accuracy.

Time required to complete the skill will vary according to technique and equipment used and number of images produced.

PERFORMANCE ELEMENTS

1. Determine imaging equipment and procedure to be performed.
2. Prepare equipment following manufacturers' guidelines. Cover intraoral devices with appropriate disposable sheaths.
3. Explain procedure to patient/client.
4. Determine images to be produced as prescribed by dentist.
5. Drape patient/client.
6. Give patient/client protective eyewear.
7. Wash hands.
8. Don PPE.
9. Seat patient/client in position appropriate for procedure and equipment used.

Digital intraoral camera

10. Adjust dental light for maximum illumination.
11. Grasp intraoral camera with dominant hand using modified pen grasp. Establish secure finger rest.
12. Insert camera into patient/client's mouth. Direct camera toward intraoral structures to be photographed.
13. Activate camera following manufacturers' guidelines.
14. Adjust image size, contrast, brightness, etc. on computer screen.

Digital intraoral radiographs

15. Determine placement of image receptor plate in oral cavity.
16. Insert image receptor plate into patient/client's mouth.
17. Have patient/client secure plate in his/her mouth.
18. Activate digital radiography device following manufacturers' guidelines.
19. Adjust image size, contrast, density, etc. on computer screen.

Digital extraoral radiographs (Digital Panorex)

20. Align patient/client's head so midsagital plane is perpendicular to floor.
21. Instruct patient/client to place chin on chin rest. Align ala-tragus line slightly downward.
22. Instruct patient/client to bite down gently on bite stick.
23. Instruct patient/client to close his/her lips and place his/her tongue on roof of mouth.
24. Activate Digital Panorex device following manufacturers' guidelines.
25. Adjust image size, contrast, density, etc. on computer screen.
26. Save images on hard drive.
27. Record in patient/client's chart number of images produced and device used.

PERFORMANCE ASSESSMENT CRITERIA

CDC guidelines and OSHA standards/regulations are followed.

Test principles of producing computerized dental images. Observe performance of procedures under supervision.

PRODUCT

Computerized, diagnostic quality dental images are produced.

PROCESS

All performance elements for producing computerized dental images are critical and must be performed in sequence.

DEMONSTRATE PROBLEM SOLVING AND CRITICAL ANALYSIS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Pen
Appropriate recording forms
All necessary equipment for data collection

WORK TO BE PERFORMED

Demonstrate problem solving and critical analysis.

PERFORMANCE CRITERIA

Behavior will be exhibited 100% of time.

PERFORMANCE ELEMENTS

1. Review scope of practice of dental hygiene as defined in Illinois State Dental Practice Act and Rules for the Administration of the Illinois Practice Act Part 1220.
2. Meet expectations for using the dental hygiene process as required by the National Dental Hygiene Board Examination and the Dental Hygiene Regional Board Examination.
3. Assess (participate in) data collection.
   a. Collect subjective data through observation and interaction with patient/client.
   b. Collect objective and measurable data through performing a comprehensive physical and oral assessment.
4. Perform dental hygiene diagnosis by identifying patient/client's treatment needs for which dental hygienist is responsible and for which a dental hygiene treatment plan is designed, implemented and evaluated with a dentist's consent.
   a. Use critical thinking skills to classify, interpret and validate collected data.
   b. Formulate a diagnostic statement which focuses on patient/client's individual needs.
5. Develop strategies to meet patient/client's individual needs identified by a dental hygiene diagnosis with dentist's consent.
   a. Establish priorities by immediacy of condition, severity of problem and available resources.
   b. Set goals outlining anticipated level of achievement.
   c. Determine dental hygiene therapies or patient/client educational activities to reduce or eliminate cause of problem.
   d. Outline expected outcomes and criteria for each intervention.
   e. Share outline with patient/client.

6. Implement treatment care plan with dentist's consent.
7. Evaluate by comparing and assessing current status of patient/client with baseline data, and determine progress or lack thereof toward stated goal.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of problem solving in using dental hygiene process as standard of dental hygiene actions in providing patient/client care. Observe performance of procedures throughout treatment under supervision.

PRODUCT

A dental hygiene treatment plan is developed using problem-solving skills and communicated to dentist and patient/client.

PROCESS

All performance elements for demonstrating problem solving and critical analysis are critical. The performance elements have been numbered to show an appropriate sequence for completing the skill; however, a different sequence may be used.

DEMONSTRATE COMPLETE AND ACCURATE DOCUMENTATION THROUGHOUT ALL PATIENT/ CLIENT TREATMENT AND COMMUNICATION.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Patient/client
Patient/client record and completed histories
Pen
Appropriate recording forms
Appropriate equipment for communicating developed plan and treatment information

WORK TO BE PERFORMED

Demonstrate complete and accurate documentation throughout all patient/client treatment and communication.

PERFORMANCE CRITERIA

Behavior will be exhibited 100% of time.

PERFORMANCE ELEMENTS

1. Maintain accurate and complete records throughout all communication with patient/client.
2. Record in patient/client's chart all telephone contacts and conversations regarding appointment set-up, recall intervals, appointment canceling and rescheduling, postoperative inquiries, etc.
3. Record in patient/client's chart treatment plans and information shared regarding diagnosis and evaluations made by dentist.
4. Record all dental hygiene aids or chemotherapeutic agents recommended for and provided to patient/client. Record method taught for using dental hygiene aids.
5. Record all procedures completed on patient/client.
6. Record all radiographs, anesthetic or chemotherapeutic agents used during treatment.
7. Record evaluation mechanisms used to assess patient/client's progress and results.
8. Record adverse reactions to completed treatment.
9. Record failed appointments or late arrivals.
10. Record patient/client's attitude regarding dental health and treatment.
11. Record changes in medical, dental or personal histories.
12. Record vital signs at every appointment.
13. Record need for premedication, pre and post instructions given with regards to premedication and re[illegible]nen patient/client ahered to prior to treatment.
14. Sign all forms in pat[illegible]/client's chart.

PERFORMANCE ASSESSMENT CRITERIA

Test principles of complete record keeping. Observe performance of procedures throughout treatment under supervision.

PRODUCT

Record keeping in patient/clients charts of all communication is completed.

PROCESS

All performance elements for demonstrating complete and accurate documentation throughout all patient/client treatment and communication are critical. The performance elements have been numbered to show an appropriate sequence of completing the skill; however, a different sequence may be used.

Accreditation	Skills (and related knowledge) contained in the subject areas and disciplines addressed in most national and state educational standards, including English, mathematics, science, etc.
Air Powder Abrasive System/Air Polisher	A specially designed unit with a handpiece used for extrinsic stain removal via the delivery of a spray of warm water and sodium bicarbonate under pressure.
Amalgam	A compound of alloy; a mixture of metals composed mainly of silver, copper and tin with mercury used to restore the form and function of teeth.
Angulation	The relationship of the cutting edge of a bladed instrument to the tooth surface. Specifically, this is the measurement from the face of the instrument blade to the tooth surface being scaled.
Antiseptic	Antimicrobial agent for use on the skin or mucous membrane.
Asepsis	Absence of germs or microorganisms.
Assessment	The foundation of the dental hygiene process; the art of collecting and analyzing subjective and objective data about the client and arriving at a judgement about the client's human needs and barriers to need fulfillment related to dental hygiene care.
Bacterial Plaque	A dense, organized matrix of microorganisms that form on the teeth, gingiva, and restorations; the cause of dental caries and periodontal diseases.
Calculus	Mineralized bacterial plaque; lay term is tartar.
Cavity	Tooth cavitation resulting from repeated acid attacks ending in eventual demineralization.
Cementoenamel Junction (CEJ)	Location on a tooth where the cementum and enamel meet: demarcation between the anatomical crown and the anatomical root of the tooth.
Cementum	A mineralized bone-like substance that covers the roots of teeth and provides a surface for attachment and anchorage for the periodontal fibers.
Chemotherapeutic Agents	The chemical agent used in chemotherapy.

Chisel	A hand instrument used in cavity preparation for planing enamel.
Chlorhexadine	A bisbiguanide that was first synthesized and used as a disinfectant for skin and mucous membranes; used as an antiplaque and antigingivitis agent.
Client	The biological, psychological, spiritual, social, cultural, and intellectual human being whose behavior is motivated by human needs especially needs related to dental hygiene care; the contemporary healthcare consumer; the term connotes wellness as well as illness and suggests one who is an active participant in oral healthcare, and who is responsible for personal choices and the consequences of those choices; may refer to an individual or group.
Clinical Attachment Level	The relative probing depth corresponding to the distance from the cementoenamel junction (CEJ) to the location of a periodontal probe tip at the epithelial junction.
Dental Caries	An infectious bacteria caused disease characterized by the acid dissolution of enamel and the eventual breakdown of the more organic, inner dental tissues.
Dental Hygiene	The study of preventive oral healthcare and the management of behaviors required to prevent oral disease and promote health; the major concepts studied are health/oral health, dental hygiene action, the client, the environment, their interaction, and the factors that affect them.
Dental Hygiene Clinician	The role focuses on the assessment of signs of health and disease in the oral cavity; identification of the dental hygiene problem (dental hygiene diagnosis); and planning, implementing, and evaluating dental hygiene care.
Dental Hygiene Diagnosis	The act of identifying an actual or potential human need deficit related to oral health or disease that the dental hygienist is licensed and educated to treat.
Dental Hygiene Process	Assessment of client's needs, formulation of dental hygiene diagnosis, and planning, implementing, and evaluating dental hygiene care.
Dental implant	A stable and functional replacement of natural teeth that consists of an achor, an abutement, and a prosthetic tooth or appliance.

Dental Operatory/Treatment Area	Consists of the dental unit, the dental chair, the operating light, and the operator's stool.
Dental Record	A complete record of both the health and dental status at the time of initial examination; comprehensive and chronological documentation of treatment provided at each appointment.
Dentition Charting	The graphic representation of the client's teeth observed on a specific date. Based on clinical, radiographic and symptomatic assessments.
Disclosing Agent	A liquid concentrate or tablet containing an ingredient that stains deposits and debris present on the teeth so that it can be seen by the client.
Extrinsic Stain	Removable stain located on hard tooth structure, on calculus, on restorations, or on prosthetic appliances. Stain should be removed to eliminate a nidus for bacterial plaque formation and for aesthetic reasons.
Extrinsic Stain Removal	The mechanical removal of materia alba, bacterial plaque, and extrinsic stain from tooth surfaces and restorations; used synonymously with the term polishing.
Fulcrum	The source of stability or leverage on which the finger rests and pushes against in order to hold the dental instrument with control during stroke activation.
Furcation Involvement	Loss of periodontal attachment between the roots of posterior teeth.
Furcations	The areas between the roots of teeth where the root trunk divides into separate roots.
Gingiva	That part of the oral mucous membrane attached to the teeth and the alveolar processes of the jaws.
Gingivitis	Inflammation of the gingival tissue with no apical migration of the junctional epithelium beyond the CEJ.
Informed Consent	A person's agreement to allow something to happen; required prior to performing invasive healthcare procedures and before a person is used as a subject in research.
Intrinsic Stain	Internal discoloration of the tooth that may be caused by situations such as taking medication (e.g., tetracycline, excessive fluoride ingestion) during tooth development.

Licensure	The process by which a government agency certifies that individuals have met predetermined standards and are qualified minimally, and are permitted to practice in its jurisdiction.
Modified Pen Grasp	The standard grasp used for periodontal instrumentation.
Motor-Driven Handpiece	A common piece of equipment used for stain removal. The system consists of an air-driven slow-speed handpiece, a prophylaxis angle, a rubber cup, and a brush.
Nitrous Oxide (N20)	A gas used in combination with oxygen for the control of pain and anxiety during dental and dental hygiene care.
Occlusion	The contact relationship between maxillary and mandibular teeth when the jaws are in a fully closed position.
Oral Irrigation	A method of directing a steady or pulsating stream of water or chemotherapeutic agent over the teeth, gingival tissues, or into a periodontal pocket; the goal is to flush the area to remove oral debris, reduce pathogens and their byproducts, or deliver an antimicrobial agent.
Palpation	Compressing or movement of tissue in order to check for abnormalities during an intra - and extraoral examination of structures.
Periodontium	The supporting structure of tissues that surrounds the teeth; includes the gingiva, periodontal ligament, root cementum, and alveolar bone.
Plaque Control	The regular removal of bacterial plaque from the teeth and adjacent oral tissue or the prevention of its accumulation.
Polishing	The mechanical removal of materia alba, bacterial plaque, and extrinsic stain from tooth surfaces and restorations; used synonymously with the term extrinsic stain removal.
Scaling	The instrumentation of the crown and root surfaces of the teeth to remove bacterial plaque, calculus, and extrinsic stains from these surfaces.
Selective Polishing	Omitting polishing in areas where it fails to meet a human need related to oral health and when it could damage tooth structure.
Suppuration	The formation of pus.

Temporomandibular Joint	A hinge and gliding joint that connects the mandible to the temporal bone of the skull.
Tooth Surfaces	Anterior teeth have four surfaces: mesial, distal, facial (or labial), and lingual. Posterior teeth have five surfaces: mesial, distal, facial (or buccal), lingual, and occlusal.
Topical Anesthesia	A solution applied to the mucous membrane prior to the initial needle penetration to anesthetize the terminal nerve endings to promote client comfort.
Ultrasonic Scaler	An electronically powered device that produces vibratory motions to fracture deposits from tooth surfaces.

Academic Skills	Skills (and related knowledge) contained in the subject areas and disciplines addressed in most national and state educational standards, including English, mathematics, science, etc.
Assessment	A process of measuring performance against a set of standards through examinations, practical tests, performance observations and/or the completion of work portfolios.
Content Standard	A specification of what someone should know or be able to do to successfully perform a work activity or demonstrate a skill.
Critical Work Functions	Distinct and economically meaningful sets of work activities critical to a work process or business unit which are performed to achieve a given work objective with work outputs that have definable performance criteria. A critical work function has three major components: • **Conditions of Performance**: The information, tools, equipment and other resources provided to a person for a work performance. • **Work to Be Performed**: A description of the work to be performed. • **Performance Criteria**: The criteria used to determine the required level of performance. These criteria could include product characteristics (e.g., accuracy levels, appearance), process or procedure requirements (e.g., safety, standard professional procedures) and time and resource requirements. The IOSSCC requires that these performance criteria be further specified by more detailed individual performance elements and assessment criteria.
Credentialing	The provision of a certificate or award to an individual indicating the attainment of a designated set of knowledge and skills and/or the demonstration of a set of critical work functions for an industry/occupational area.
Illinois Occupational Skill Standards and Credentialing Council (IOSSCC)	Legislated body representing business and industry which establishes skill standards criteria, endorses final products approved by the industry subcouncil and standards development committee and assists in marketing and dissemination of occupational skill standards.
Industry	Type of economic activity, or product or service produced or provided in a physical location (employer establishment). They are usually defined in terms of the Standard Industrial Classification (SIC) system.

Industry Subcouncil	Representatives from business/industry and education responsible for identifying and prioritizing occupations for which occupational performance skill standards are adapted, adopted or developed. They establish standards development committees and submit developed skill standards to the IOSSCC for endorsement. They design marketing plans and promote endorsed skill standards across the industry.
Knowledge	Understanding the facts, principles, processes, methods and techniques related to a particular subject area, occupation or industry.
Occupation	A group or cluster of jobs, sharing a common set of work functions and tasks, work products/services and/or worker characteristics. Occupations are generally defined in terms of a national classification system including the Standard Occupational Classification (SOC), Occupational Employment Statistics (OES) and the Dictionary of Occupational Titles (DOT).
Occupational Cluster	Grouping of occupations from one or more industries that share common skill requirements.
Occupational Skill Standards	Specifications of content and performance standards for critical work functions or activities and the underlying academic, workplace and occupational knowledge and skills needed for an occupation or an industry/occupational area.
Occupational Skills	Technical skills (and related knowledge) required to perform the work functions and activities within an occupation.
Par Levels	Par refers to a specific quantity of items kept in stock to ensure efficient operation. Par levels are set by property and/or corporate management based on calculations of past usage and projected occupancy.
Performance Standard	A specification of the criteria used to judge the successful performance of a work activity or the demonstration of a skill.
Product Developer	Individual contracted to work with the standard development committee, state liaison, industry subcouncil and IOSSCC for the adaptation, adoption or development of skill standards content.
Reliability	The degree of precision or error in an assessment system so repeated measurements yield consistent results.

Skill	A combination of perceptual, motor, manual, intellectual and social abilities used to perform a work activity.
Skill Standard	Statement that specifies the knowledge and competencies required to perform successfully in the workplace.
Standards Development Committee	Incumbent workers, supervisors and human resource persons within the industry who perform the skills for which standards are being developed. Secondary and postsecondary educators are also represented on the committee. They identify and verify occupational skill standards and assessment mechanisms and recommend products to the industry subcouncil for approval.
State Liaison	Individual responsible for communicating information among all parties (e.g., IOSSCC, subcouncil, standard development committee, product developer, project director, etc.) in skill standard development.
Third-Party Assessment	An assessment system in which an industry-designated organization (other than the training provider) administers and controls the assessment process to ensure objectivity and consistency. The training provider could be directly involved in the assessment process under the direction and control of a third-party organization.
Validity	The degree of correspondence between performance in the assessment system and job performance.
Workplace Skills	The generic skills essential to seeking, obtaining, keeping and advancing in any job. These skills are related to the performance of critical work functions across a wide variety of industries and occupations including problem solving, leadership, teamwork, etc.

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Dr. Walter Zinn	Optometrist
Kathryn Torricelli	State Liaison, retired Illinois State Board of Education

APPENDIX E

DENTAL HYGIENIST STANDARDS DEVELOPMENT COMMITTEE

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Mary Pat Burgess, RDH, MBA	Illinois Department of Public Health
Patricia Carver, RDH	Springfield, Illinois
Trucia Drummond	President Illinois State Dental Society
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Alicia Shrier, RDH, BS, CHES	Normal, Illinois
Karen Torricelli, RDH	Glenarm. Illinois
Jolyn Yard, RDH	Sherman, Illinois
Lori Drummer, CDA, RDH, BSDH	Product Developer College of Lake County
Kathryn Torricelli	State Liaison, retired Illinois State Board of Education

A. Developing an Employment Plan	1. Match interests to employment area. 2. Match aptitudes to employment area. 3. Identify short-term work goals. 4. Match attitudes to job area. 5. Match personality type to job area. 6. Match physical capabilities to job area. 7. Identify career information from counseling sources. 8. Demonstrate a drug-free status.
B. Seeking and Applying for Employment Opportunities	1. Locate employment opportunities. 2. Identify job requirements. 3. Locate resources for finding employment. 4. Prepare a resume. 5. Prepare for job interview. 6. Identify conditions for employment. 7. Evaluate job opportunities. 8. Identify steps in applying for a job. 9. Write job application letter. 10. Write interview follow-up letter. 11. Complete job application form. 12. Identify attire for job interview.
C. Accepting Employment	1. Apply for social security number. 2. Complete state and federal tax forms. 3. Accept or reject employment offer. 4. Complete employee's Withholding Allowance Certificate Form W-4.
D. Communicating on the Job	1. Communicate orally with others. 2. Use telephone etiquette. 3. Interpret the use of body language. 4. Prepare written communication. 5. Follow written directions. 6. Ask questions about tasks.
E. Interpreting the Economics of Work	1. Identify the role of business in the economic system. 2. Describe responsibilities of employee. 3. Describe responsibilities of employer or management. 4. Investigate opportunities and options for business ownership. 5. Assess entrepreneurship skills.
F. Maintaining Professionalism	1. Participate in employment orientation. 2. Assess business image, products and/or services. 3. Identify positive behavior. 4. Identify company dress and appearance standards. 5. Participate in meetings in a positive and constructive manner. 6. Identify work-related terminology. 7. Identify how to treat people with respect.

G. Adapting to and Coping with Change	1. Identify elements of job transition. 2. Formulate a transition plan. 3. Identify implementation procedures for a transition plan. 4. Evaluate the transition plan. 5. Exhibit ability to handle stress. 6. Recognize need to change or quit a job. 7. Write a letter of resignation.
H. Solving Problems and Critical Thinking	1. Identify the problem. 2. Clarify purposes and goals. 3. Identify solutions to a problem and their impact. 4. Employ reasoning skills. 5. Evaluate options. 6. Set priorities. 7. Select and implement a solution to a problem. 8. Evaluate results of implemented option. 9. Organize workloads. 10. Assess employer and employee responsibility in solving a problem.
I. Maintaining a Safe and Healthy Work Environment	1. Identify safety and health rules/procedures. 2. Demonstrate the knowledge of equipment in the workplace. 3. Identify conservation and environmental practices and policies. 4. Act during emergencies. 5. Maintain work area. 6. Identify hazardous substances in the workplace.
J. Demonstrating Work Ethics and Behavior	1. Identify established rules, regulations and policies. 2. Practice cost effectiveness. 3. Practice time management. 4. Assume responsibility for decisions and actions. 5. Exhibit pride. 6. Display initiative. 7. Display assertiveness. 8. Demonstrate a willingness to learn. 9. Identify the value of maintaining regular attendance. 10. Apply ethical reasoning.
K. Demonstrating Technological Literacy	1. Demonstrate basic keyboarding skills. 2. Demonstrate basic knowledge of computing. 3. Recognize impact of technological changes on tasks and people.
L. Maintaining Interpersonal Relationships	1. Value individual diversity. 2. Respond to praise or criticism. 3. Provide constructive praise or criticism. 4. Channel and control emotional reactions. 5. Resolve conflicts. 6. Display a positive attitude. 7. Identify and react to sexual intimidation/harassment.

M. Demonstrating Teamwork	1. Identify style of leadership used in teamwork. 2. Match team member skills and group activity. 3. Work with team members. 4. Complete a team task. 5. Evaluate outcomes.

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